

P/3000097979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

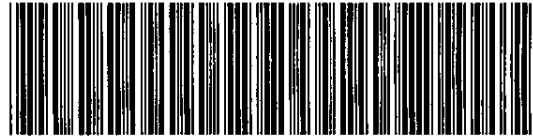
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LINDA MARIE COWEN, PA

Name of Corporation

**DOCUMENT NUMBER:** P13000097979

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA COWEN

Name of Contact Person

Firm/Company

9470 POINCIANA PL 409

Address

DAVIE FL 33324

City/State and Zip Code

LINDA@LCOWEN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA COWEN

Name of Contact Person

at ( 954 ) 804-4371

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LINDA MARIE COWEN, PA
2. The principal office address: 9470 POINCIANA PL #409 DAVIE FL 33324
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 12/04/13 Document number: P13000097979

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET #225

TALAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LINDA COWEN

9470 POINCIANA PL #409

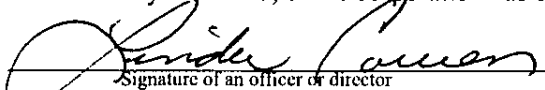
P.O. Box NOT acceptable

DAVIE, FL 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

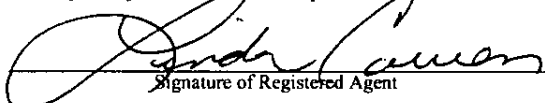
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

LINDA COWEN, DIRECTOR

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

10/24/2014

Date

If signing on behalf of an entity:

LINDA COWEN

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)