

**P14000031323**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : DRACHMUS DIVERSIFIED SERVICES INC.  
Account Number : I20140000101  
Phone : (786) 461-2935  
Fax Number : (866) 462-8525

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: drachmus@gmail.com

**REGISTERED AGENT CHANGE  
COPIA GROUP INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED  
14 OCT 14 PM 1:27  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED  
14 OCT 14 PM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/15/2014  
10:51 AM  
JIMMY T.

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Copia Group Inc  
Name of Corporation

**DOCUMENT NUMBER:** P14000031323

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:

Gia Jones  
Name of Contact Person

Drachmus Diversified Services  
Firm/Company

1840 W 49th Street Suite 214  
Address

Hialeah, Florida 33012  
City/State and Zip Code

drachmus@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gia Jones at (786) 461-2935  
Name of Contact Person 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: Copia Group Inc
2. The principal office address: 1840 W 49th Street Suite 214  
Hialeah, Florida 33012
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/07/2014 Document number: 914000031323

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)

Resigned

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

Drachmus Diversified Services  
1840 W 49th Street Suite 214  
P.O. Box NOT acceptable  
Hialeah, Florida 33012

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.

Benjamin Jones  
Signature of an officer or director

Benjamin Jones President  
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.

Ben Jones  
Signature of Registered Agent

10/13/2014  
Date

If signing on behalf of an entity:

Ben Jones  
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)

14 OCT 14 PM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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