

P19000

038

841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

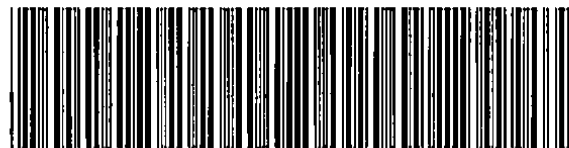
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400333643954

FILED

FILED
19 SEP - 9 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 20 2013
T. SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COOL DOCTOR INC
Name of Corporation

DOCUMENT NUMBER: P19000038841

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:

LILIANA STOEL

Name of Contact Person

COOL DOCTOR INC

Firm/Company

6900 DANIELS PARKWAY SUITE 29-130

Address

FORT MYERS, FL 33912

City/State and Zip Code

SNL.ACWORK@GMAIL.COM

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

For further information concerning this matter, please call:

LILIANA STOEL

Name of Contact Person

at (305) 979-3132

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: COOL DOCTOR INC
2. The principal office address: 6900 DANIELS PARKWAY SUITE 29-130
FORT MYERS, FL 33912
3. The mailing address (if different): SAME AS #2 ABOVE

4. Date of incorporation/qualification: 05/01/2019 Document number: P19000038841

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)

LILIANA STOEL
6501 CLEVELAND DR
PUNTA GORDA, FL 33982

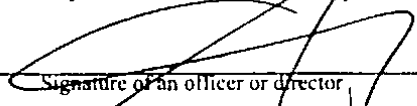
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LILIANA STOEL
6900 DANIELS PARKWAY SUITE 29-130
P.O. Box NOT acceptable
FORT MYERS, FL 33912

STATE
FILED
SEP 9 PM 2:44
TALLAHASSEE, FLORIDA

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.

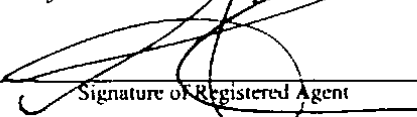


Signature of an officer or director

Liliana Stoel 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.



Signature of Registered Agent

9/6/19

Date

If signing on behalf of an entity:

Liliana Stoel

Typed or Printed Name

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