

**P93000087611**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H17000224132 3)))



H170002241323ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

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

Address: documents@ncorp.com

**REGISTERED AGENT CHANGE  
CONE MANAGEMENT INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

17 AUG 23 AM 7:53

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 AUG 23 A 10:01

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 24 2017

*LAO*

H17 0002241323

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cone Management Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P93000087011

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:

Nadine Long  
Name of Contact Person

InCorp Services, Inc.  
Firm/Company

3773 Howard Hughes Pkwy, Suite 500S  
Address

Las Vegas, NV 89169-6014  
City/State and Zip Code

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

For further information concerning this matter, please call:

Nadine Long on behalf of InCorp Services, Inc. at ( 702 ) 866-2500  
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

H170002241323

H 170002241323

# 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: Cone Management Inc.
2. The principal office address: 2637 E. Atlantic Blvd. PMB #141  
Pompano Beach, FL 33062
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/20/1993 Document number: P93000087011

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 St.

Tallahassee, FL 32301

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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]  
Signature of an officer or director

Daniel Wiener, 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]  
Signature of Registered Agent

August 8, 2017

Date

If signing on behalf of an entity:

Nadine Long on behalf of InCorp Services, Inc.

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)

H 170002241323

2017 AUG 23 A 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED