

P95000020289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

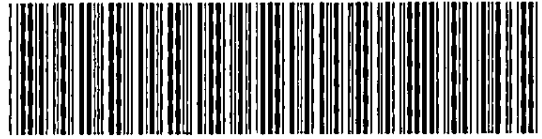
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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100404175511

*Amend*

RECEIVED  
MAR 16 2023

2023 MAR 16 AM 8:09

FILED

ALL AMENDMENTS

2023 MAR 16 PM 3:40

RECEIVED

A. RAMSEY  
MAR 20 2023

\*02250,

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: \$ 35.00

Authorization Signature: Jan Fuller

COOPER TIMBER HARVESTING, INC.

P95000020289

**BUSINESS NAME**

**DOCUMENT #**

     Certified Copy of Articles of Organization

     Certificate of Status

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**AMMENDMENTS**

  X   Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution  
     Merger  
     **Conversion**  
     **Amended and restated Articles**  
     **Statement of Authority**

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     APOSTILLE  
     **Country**

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
     Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: COOPER TIMBER HARVESTING, INC.

DOCUMENT NUMBER: P95000020289

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Scott

Name of Contact Person

The Dorcey Law Firm, PLC

Firm/ Company

10181 Six Mile Cypress Parkway, Suite C

Address

Fort Myers, FL 33966

City/ State and Zip Code

jasoncooper727@gmail.com

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

For further information concerning this matter, please call:

Michael A Scott

Name of Contact Person

at ( 239 )

418-0169

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

COOPER TIMBER HARVESTING, INC.

2023 MAR 16 AM 8:09

(Name of Corporation as currently filed with the Florida Dept. of State)

P95000020289

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

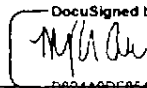
**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent Meghan N. Cooper  
2056 NE Newberry Drive  
(Florida street address)  
New Registered Office Address: Arcadia, Florida 34266  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

DocuSigned by:



2/27/2023

D024A9DF054547E...

Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change                      PT        John Doe  
  
☐ Remove                      V        Mike Jones  
  
☐ Add                              SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PD	Wayne R. Cooper	2056 NE Newberry Drive
<input type="checkbox"/> Add			Arcadia, FL 34266
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	STD	Essie E. Cooper	2056 NE Newberry Drive
<input type="checkbox"/> Add			Arcadia, FL 34266
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	STD	Meghan N. Cooper	2056 NE Newberry Drive
<input checked="" type="checkbox"/> Add			Arcadia, FL 34266
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	PD	Jason M. Cooper	2056 NE Newberry Drive
<input type="checkbox"/> Add			Arcadia, FL 34266
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

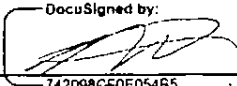
- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

Dated \_\_\_\_\_

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DocuSigned by:  
  
742098270E054855

2/27/2023

(Typed or printed name of person signing)

JASON M. COOPER President, Director

(Title of person signing)