

100000008375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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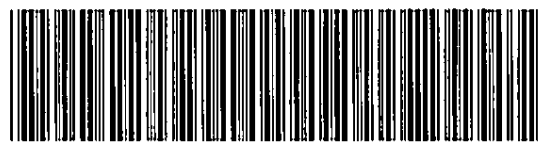
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Copinesville Council on Aging, Inc.  
Name of Corporation

DOCUMENT NUMBER: N00000008375

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:

Robert Lash  
Name of Contact Person

Moody, Salzman Lash & Loquirio  
Firm/Company

2770 NW 43rd St. Suite A  
Address

Copinesville FL 32606  
City/State and Zip Code

rob@moody.salzman.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Nathan at ( 614 ) 862-2950  
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: Gainesville Council on Aging, Inc.
- 2. The principal office address: 4842 SW Archer Rd.  
Gainesville, FL 32608
- 3. The mailing address (if different):

- 4. Date of incorporation/qualification: 12/14/2000 Document number: N 00000008375
- 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)

Shimberg Robert Esq.  
Hillwood Henderson  
101 E Kennedy Blvd # 3700 Tampa, FL 33602

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

Robert Lash  
Moody, Salzman Lash & Looney  
P.O. Box NOT acceptable  
2770 NW 43rd St., Suite 1, Gainesville, FL 32606

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 STATE DEPARTMENT OF REVENUE  
 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

Steve Wachen, 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

September 13, 2018  
 Date

If signing on behalf of an entity:

Robert Lash  
 Typed or Printed Name

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