above, or on an attachment with all other like empowered. SIGNATURE: RACHEL LONG PRESIDENT

Electronic Signature of Signing Officer/Director Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

LONG, RACHEL 119 KATHRYN DR

Electronic Signature of Registered Agent

Officer/Director Detail :

PENSACOLA FL 32506, FL US

Title	P	Title	SEC
Name	LONG, RACHEL MRS	Name	BENJAMIN, CRYSTAL
Address	119 KATHRYN DR	Address	8810 SONNY BOY LN
City-State-Zip:	PENSACOLA FL 32506	City-State-Zip:	PENSACOLA FL 32514
Title	т	Title	A
Title Name	T BENJAMIN, PHYLISS	Title Name	A VINCENT, PAUL
	T BENJAMIN, PHYLISS 5429 CHIPPER LN		

Name and Address of Current Registered Agent:

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

10 PENSACOLA, FL 32503

Entity Name: COOL ABILITIES INCORPORATED **Current Principal Place of Business:**

3902 N 9TH AVE SUIT #10

DOCUMENT# N2100002324

Current Mailing Address:

3902 N 9TH AVE SUIT #10 10 PENSACOLA, FL 32503

FEI Number: NOT APPLICABLE

Name	BENJAMIN, PHYLISS	Name	VINCENT, PAUL
Address	5429 CHIPPER LN	Address	10469 BERNICE RD
City-State-Zip:	PACE FL 32571	City-State-Zip:	MILTON FL 32583

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears

Date

Certificate of Status Desired: No

02/05/2022