514733

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
(Business Entity Name))
(Document Number)	
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P.A.

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T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: KL Taxi, Inc.				
Name of Corporation				
DOCUMENT NUMBER: 514733				
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:				
Troube rotain an correspondence concerning and matter to the following.				
Rhonda Weindel				
Name of Contact Person				
Smallbiz Agents, LLC				
Firm/Company				
P.O. Box 13092				
Address				
Tucson, AZ 85732				
City/State and Zip Code				
info@smallbizagents.com				
E-mail address: (to be used for future annual report notification)				
•				
For further information concerning this matter, please call:				
Rhonda Weindel520 \881-3989				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				
Amendment Section Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes inge is submitted for a corporation organized under the laws of the State of Florida	, this
	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: KL TAXI, INC.	
2. The principal	office address: 3685 S.W. 18TH TERRACE, MIAMI FL 33145	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 11/12/1976 Document number: 514733	
5. The name and	I street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned)	
	BREJT, DAVID	
	3685 S.W. 18TH TERRACE	<u>.</u> 21€0
	MIAMI FL 33145 US	FILE SECRETARY ISION OF CO
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	FILED TARY OF OF CORPU
	SMALLBIZ AGENTS, LLC	988 1 2:1
	75 N. WOODWARD AVE, #10000	- 15 K
	P.O. Box NOT acceptable TALLAHASSEE, FL 32313	
The street address changed will	ess of its registered office and the street address of the business office of its regist be identical.	ered agent,
	as authorized by resolution duly adopted by its board of directors or by an officer ne board, or the corporation has been notified in writing of the change.	so
Alraha	Abraham Breit Printed or typed name and title	President
I furthèr agrée performance of	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as reg is document is being filed merely to reflect a change in the registered office addre that the corporation has been notified in writing of this change.	istered 2ss, I
Sig	nature of Registered Agent P/U/12 Date Date	
If signing on be	half of an entity:	
	BINNER MANAGER, SMALBIZ ASENTELLC yped or Printed Name	

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