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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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2022 APR 15 PH 5: 42
SECRETANY OF STATE
TALLAMASSEE, FL

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Kubes Enterprises Inc. Name of Corporation |
| DOCUMENT NUMBER: FIDD OOD 66935 |
| 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: |
| Kioko Kibua |
| Name of Contact Person |
| Kubes Enterprises Inc. |
| Kubes Enterprises Inc. Firm/Company 15625 Porter Road |
| Winter Garden, IFL 34787 |
| 1 Kubes @ gmail. com |
| |
| E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| Kioko Kibua at 407, 913 6985 Name of Contact Person Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |

Street Address:
Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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 Floride |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Kubes Enterprises Inc. 2. The principal office address: 15625 Porter Road, Winter Garden |
| |
| FL 34-78-7 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 13 Aug 2010 Document number: F100 000 6693 |
| 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) |
| Spiege & Utrera, P.A 1840 Sw 22rd St, 4th Floor |
| 1840 Sw 22rd 87, 4th Floor |
| Migmi, FL 33145 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Anderson Law Group |
| 13577 Feather Sound Dr. Suite 190 \$ _ |
| Clearwater FL 33762 FB 5 |
| The street address of its registered office and the street address of the business office of its registered ages 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. |
| Hokiba Kioko Kibna, President |
| Signature of an efficiency director 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 performant of my duttes, and I am familiar with and accept the obligation of my position as registered agent. Or, if the 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. |
| 4/12/2022 |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| No all Anlow |

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

Typed or Printed Name