## P120000 41346

(Re	questor's Name)	<b>6</b> ;
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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09/26/14--01023--007 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

'JAN 13 2015 T. CARTER

40 Change

## **COVER LETTER**

Division of Corporations Kleiber Beaches & Real Estate, Inc. Name of Corporation P12000041346 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: Jon Kleiber Name of Contact Person Kleiber Beaches & Real Estate, Inc. Firm/Company 5303 Levi Lane Address Sarasota, FL 34233 City/State and Zip Code warehousebroker@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Kleiber at (941) 780-4623

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

TO:

Amendment Section



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2014

JOHN KLEIBER KLEIBER BEACHES & REAL ESTATE, INC. 5303 LEVI LANE SARASOTA, FL 34233 US

SUBJECT: KLEIBER BEACHES & REAL ESTATE, INC.

Ref. Number: P12000041346

We have received your document for KLEIBER BEACHES & REAL ESTATE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The current registered agent information must be listed in section 5 and the new registered agent information must be listed in section 6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 714A00021502

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation organization or to change its registered office or registered.	anized under the laws of the State of Florida	<u> </u>	
1. The name of the corporation: Kleiber Beaches	•	••	
2. The principal office address: 5303 Levi Lane,	Sarasota, FL 34233		
3. The mailing address (if different):			
4. Date of incorporation/qualification: 5/2/2012	Document number: P1200004	1346	-
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resigned).	-	;	
Jon Kleiber			
5116 72rd St. E			
Bradenton, Fl. 3	54203	<b>15</b> Ā	ES ES
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			CRF TARY O
5522 Cartege	OT acceptable	AM 10: 50	TOTAT
	34233	) DA	ד
The street address of its registered office and the street as changed will be identical.	et address of the business office of its regis	stered agent,	
Such change was authorized by resolution duly adopt authorized by the board or the corporation has been re-			
	Jon Kleiber, President	÷,	
Signature of an officer or director  Thereby accept the appointment as registered agent a l further agree to comply with the provisions of all steperformance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to rehereby confirm that the corporation has been notified	atutes relative to the proper and complete I accept the obligation of my position as re	egistered ress, I	
$\mathcal{I}$	9/22/2014		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Typed or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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