

P160000 677 65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

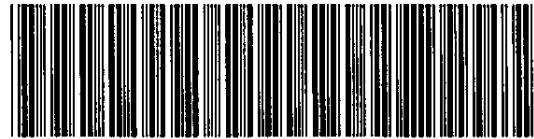
(Business Entity Name)

(Document Number)

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RECORDS OF STATE
TALLAHASSEE, FLORIDA

16 DEC -7 AM 11:16

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KAIRALI INTERNATIONAL INCORPORATES, INC
Name of Corporation

DOCUMENT NUMBER: P16000067765

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:

ANI KUNJAPPAN

Name of Contact Person

KAIRALI INTERNATIONAL INCORPORATES INC

Firm/Company

6004 MISSION DR

Address

LAKELAND, FL 33812

City/State and Zip Code

KAIRALIINC@GMAIL.COM ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANI KUNJAPPAN

Name of Contact Person

at (863) 660 6954

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: KAIRALI INTERNATIONAL INCORPORATES INC
2. The principal office address: 3975 NEW TAMPA HIGHWAY
LAKELAND, FL 33815
3. The mailing address (if different): 3975 NEW TAMPA HIGHWAY
LAKELAND, FL 33815
4. Date of incorporation/qualification: 08/02/2016 Document number: P16000067765
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)

KUNJAPPAN, ANI

6004 MISSION DRIVE

LAKELAND, FL 33812

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

KUNJAPPAN, ANI

3975 NEW TAMPA HIGHWAY

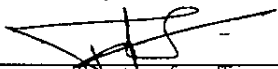
P.O. Box NOT acceptable

LAKELAND, FLORIDA 33815

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SECRETARY OF STATE
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

ANI KUNJAPPAN 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

12/05/2016

Date

If signing on behalf of an entity:

ANI KUNJAPPAN

Typed or Printed Name

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