P39100

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(Re	equestor's Name)					
·	ldress)					
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(Ad	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
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PICK-UP	☐ WAIT	MAIL				
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Special Instructions to	Filing Officer:					





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COVER LETTER

	Amendment Section Division of Corporations
SUBJEC	CT: KERLIM INCOMPORATED Name of Corporation
DOCUM	IENT NUMBER: P 39100
The encle	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Nancy MULLIGAN Name of Contact Person STEPHEN S. MATHISON, P. A. Firm/Company
	5606 P6A BWD. # 211 Address Para Shara 6000 7 80 37440
	PAIM BEACH GARDENS FL 33418 City/State and Zip Code
	NANCY @ MATHISONLAW. ORG
	E-mail address: (to be used for future annual report notification)
	er information concerning this matter, please call:
NA	Name of Contact Person at (561) 624-2001 Area Code & Daytime Telephone Number
	is a \$35.00 check made payable to the Department of State.
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

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

statement of char	rovisions of sections ge is submitted for a to change its registe	corporation org	anized under	the laws of the	State of Ac	LAWARE	, -
1. The name of the	e corporation: Ker	un Inco	RPORATE	<u>ه</u>			
2. The principal of	office address: 500	06 P6A	BLUD.	<u> 바</u> 리!)	<u>F</u>	SE 38	<u></u>
	PAL	M BEACH	GARROR	NS FL		348	
3. The mailing ac	dress (if different):_	Same	····		ASSE	数 32 E	
							j
4. Date of incorp	oration/qualification:	6/3/9	Doce	iment number:	P34	25 52 55 55 55 55 55 55 55 55 55 55 55 5	
	street address of the oment of State: (If resi	gned, enter resig	gned)			he	
	WILLIAM	ω .	ATTER	BURY			
	340 Ron	IA PAL	n WAY	, # 3:	2/		
	WILLIAM 340 Roy PALIN K	ВБАСН,	FL	334	80		
6. The name and (if changed):	street address of the i		-	0			
	STEPHEN	S. M	PATHIS	0N, 656	#. 		
	5606	PGA A	BWD.	# 211			
	PALM B	P.O. Box	NOT acceptable	· ·	3.2.4	_	
	PALM B	EACH 61	ANDENS	rc rc	3341	8	
The street address as changed will	s of its registered of se identical.	fice and the stre	et address of	the business o	ffice of its r	egistered age	nt,
Such change was authorized by the	authorized by resol board, or the corpo	ution duly adop ration has been	nted by its bo notified in v	ard of directors riting of the ch	s or by an of nange.	ficer so	
_ dl	of an officer or director	<u> </u>	Roff	Tuchs Printed or types	Pesio	dent_	- ,
	he appointment as r comply with the pr I am familiar with g filed merely to ref been notified in writ	egistered agent ovisions of all si and accept the o lect a change in ing of this chan	and agree to tatutes relati obligation of the register ge.	act in this cap we to the prope my position as ed office addres	acity. r and compl registered a ss, I hereby	KERLIM ete performa igent. Or, if t confirm that t	i MC - nce his he
	X	>		5/20	108		_
Sign	iture of Registered Agent			Dai	te		
If signing on bef	alf of an entity:						
	S MATH 19 ced or Printed Name	لده					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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