

P96000084782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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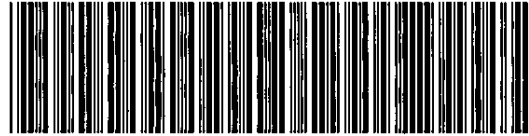
(Business Entity Name)

(Document Number)

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APPROVE
AND
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13 NOV -5 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
NOV 7 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KALAMARI INVESTMENT CORP.
Name of Corporation

DOCUMENT NUMBER: _____

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:

SILVIA BORELL (Reg. Agent)
Name of Contact Person

Kalamari Investment Corp.
Firm/Company

2000 Ponce de Leon Blvd, 6th Floor
Address

CORAL GABLES, FL 33134
City/State and Zip Code

Sborell1911@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silvia Borell at (305) 553-7722
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

**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: Kalamari Investment Corp.
2. The principal office address: 2000 Ponce de Leon Blvd, 6th Floor,
Coral Gables, FL 33134
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1996 Document number: P96000084782

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)

SILVIA BORELL
1911 SW 126 Court
Miami, FL 33175

13 NOV -5 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SILVIA Borell
2000 Ponce de Leon Blvd, 6th Floor
Coral Gables, FL 33134

P.O. Box NOT acceptable

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.

Sil E. Borell
Signature of an officer or director

SILVIA BORELL
Printed or typed name and title
Res. Agent / Power-1 Attorney

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.

Sil E. Borell
Signature of Registered Agent

11/4/13
Date

If signing on behalf of an entity:

SILVIA BORELL
Typed or Printed Name

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

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