| PAZOS, CARLOS A. ESQ.<br>3603 W. IDLEWILD AVE.<br>TAMPA, FL 33614-5733 US   |  |                            |                       |
|---|--|----------------------------|-----------------------|
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of F |  |                            |                       |
| SIGNATURE   | CARLOS A. PAZOS, ESQUIRE                 |                            |                       |
|   | Electronic Signature of Registered Agent |                            |                       |
| Officer/Director Detail :   |  |                            |                       |
| Title   | D  | Title                      | D                     |
| Name  | BELDAN, DOUG                             | Name                       | PAZOS, CARLOS         |
| Address   | 601 E. KENNEDY BLVD., 14TH FLOOR         | Address                    | 3603 W. IDLEWILD AVE. |
| City-State-Zip:   | TAMPA FL 33602                           | City-State-Zip:            | TAMPA FL 33614-5733   |
| Title   | D  | Title                      | DIRECTOR              |
| Name  | PAZOS, CAROL J Name                      | Name                       | GASKIN, PAULA         |
|   | ,  | Address<br>City-State-Zip: | 10115 N. WILLOW AVE.  |
| Address   | 3603 W. IDLEWILD AVE.                    |                            | TAMPA FL 33612        |
| City-State-Zip:   | TAMPA FL 33614-5733                      |                            |                       |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS PAZOS

DIRECTOR

DILIBERTO, EDWARD R. CPA

13240 ROYAL GEORGE AVE.

ODESSA FL 33556

Electronic Signature of Signing Officer/Director Detail

**Current Mailing Address:** 

3603 W. IDLEWILD AVE.

P.O. BOX 280346 TAMPA, FL 33682-0346 US

DOCUMENT# N08000004751

## FEI Number: 35-2335977

#### Name and Address of Current Registered Agent:

PAZ 360 TAN

Title

Name

Address

City-State-Zip:

# TAMPA, FL 33614-5733

Entity Name: KONCERT 4 KIDDZ, INC.

**Current Principal Place of Business:** 

## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### FILED Feb 28, 2018 Secretary of State CC0062917824

02/28/2018 Date

Certificate of Status Desired: No

02/28/2018 Date

PRESIDENT