Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

; (850)617-6380

From:

Account Name

Fax Number

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092 : (850)878-5368

\*\*Enter the email address for this business entity to be used for future.

Email	Address:	
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REGISTERED AGENT CHANGE KENNETH J. SOLOMON, INC.

Cariffornia of Status	
Certificate of Status	
Certified Copy	0 /
Page Count	03
Estimated Charge	\$35.00



## COVER LETTER

TO: Amendme Division o	ent Section of Corporations	
SUBJECT:	Kenneth J. Solom	on, Inc.
	Name of Co	rporation
OCUMENT NU	MBER:5	er160
he enclosed State	ment of Change of Registered Office	Agent and fee are submitted for filing.
	prespondence concerning this matter	•
•	Name of Cont	act Person
	•	
	Pirm/Con	pany
	Addre	
	Addre	55
	City/State and	Zip Code
	vinette_bensard@n	ednax.com
	E-mail address: (to be used for futi	ire annual report notification)
	•	•
r further informat	ion concerning this matter, please call	
. Turing silverime	ion concerning this matter, preuse can	•
		at () Area Code & Daytime Telephone Numbe
Nam	e of Contact Person	Area Code & Daytime Telephone Number
closed is a \$35.00	check made payable to the Departme	nt of State.
	Mailing Address;	Street Address:
	Amendment Section	Street Address: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations
	Tallahassee FL 37314	Clifton Building

Tallahassee, FL 32301

CR2E045 (8/05)

## 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. I. The name of the corporation: Kenneth J. Solomon, Inc. 2. The principal office address: [30] CONCORD TERRACE, SUNRISE FL 33323 3. The mailing address (if different): 568160 4/7/1978 4. Date of incorporation/qualification: Document number: 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) CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS RD., #221E PALM BEACH GARDENS FL 33410 The name and street address of the new registered agent (if changed) and for registered office (if changed): C T Corporation System eto C T Corporation System, 1200 South Pine Island Road P.Q. Box NOT ucceptable Plantation, Florida 33324 The street address of its registered office and the street address of the business office of its registered agon, 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. Barbara Burke, Secretary Tripled or typed range and other 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 camplete 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. Thereby confirm that the corporation has been notified in writing of this change. C T Corporation System 2/1/2011 If signing on behalf of an entity: Madonna Cuddihy Special Assistant Secretary

\* \* \* FILING FEE; \$35.00 \* \* \*

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

PLING - DV/ZWIDDO C T System Deline

CR2E043 (8/05)