

F0600005378

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KONA MACADAMIA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F06000005378

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:

Janice Null  
Name of Contact Person

InCorp Services, Inc.  
Firm/Company

2360 Corporate Circle, Suite 400  
Address

Henderson, NV 89074-7722  
City/State and Zip Code

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

For further information concerning this matter, please call:

Janice Null on behalf of Incorp Services, Inc. at ( 702 ) 866-2500  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2011

JANICE NULL  
2360 CORPORATE CIRCLE, STE 400  
HENDERSON, NV 89074-7722

SUBJECT: KONA MACADAMIA, INC.  
Ref. Number: F06000005378

We have received your document for KONA MACADAMIA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 411A00025991

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KONA MACADAMIA, INC.
2. The principal office address: 7150 E. CAMELBACK RD., SUITE 220, SCOTTSDALE AZ 85251
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/15/2006 Document number: F06000005378
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)

GRAY ROBINSON, PA  
401 E. LAS OLAS BLVD., SUITE 1850  
FT. LAUDERDALE FL 33301 US


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

Incorp Services, Inc.  
17888 67th Court North  
P.O. Box NOT acceptable  
Loxahatchee, FL 33470

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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

Christi Hing, Secretary  
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

11/23/2011  
Date

If signing on behalf of an entity:

Jennifer Cable on behalf of Incorp Services, Inc.  
Typed or Printed Name

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