(1/2)

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (85C) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## REGISTERED AGENT CHANGE KUBRA DATA TRANSFER LTD., CORP.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this image is submitted for a corporation organized under the laws of the State of New York is to change its registered office or registered agent, or both, in the State of Florida.	
• •	the corporation: KUBRA DATA TRANSFER LTD., CORP.	
2. The principal	AND THE COURT OF T	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 12/10/2013 Document number: F13000005312	
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the remains of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301-2525	
6. The name and (if changed):	d street address of the new registered ogent (if changed) and /or registered office	<u>ゴ</u> ゴ
	C T Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road.	- <u>f</u> .
	P.O. Box NOT exceptable Plantestlop, Florida 33324	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	) - -
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
Cally	Catherine A Roston, Secretary	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
By: A Cor	2/11/2015	
// //	Shared Registered Agent  JOSEPH Tamimi  half of an entity: Vice President	
and the same of th	yed or Printed Name	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (03/12)