F15000003197

(R	equestor's Name)	
(Aa	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone#	r)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
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SECRETARY OF STALL



COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: Kyboe U.S., Inc.	
Name of Corporation	
DOCUMENT NUMBER: F15000003197	
The enclosed Statement of Change of Regis	tered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Marc Bell	
Name of Contact Person	
Firm/Company	
6800 Broken Sound Parkway NW, Suite 200	
Address	<u> </u>
Boca Raton, FL 33487	
City/State and Zip Code	
mbell@marcbell.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this mat	ter, please call:
Marc Bell	at (561 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Contact Person	at (561)988-1701 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	the Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 english is submitted for a corporation organized under the laws of the State of Delawate error to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Kyboe U.S., Inc.
2. The principal	office address: 6800 Broken Sound Parkway NW, Suite 200, Boca Raton, FL 33487
•	ddress (if different):
4. Date of incorp	poration/qualification: 7/22/15 Document number: F15000003197
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Jo-Jean Figueira, Esq.
	6800 Broken Sound Parkway NW, Suite 200 Boca Raton, FL 33487
	Boca Raton, FL 33487
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Marc Bell ??
	6800 Broken Sound Parkway NW, Suite 200
	P.O. Box NOT acceptable
	Boca Raton, FL 33487
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
2	Marc Bell - President
-	re of an officer or director Printed or typed name and title
I further agree to of my duties, an document is bei	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 performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the speem notified in writing of this change.
V	Date Date
Sig	nature of Registered Agent Date
If signing on be	half of an entity:
	yped 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 CR2E045 (04/13)