

J73274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

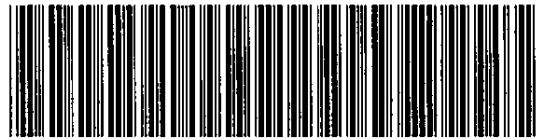
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
Change

~~D. CONNELL~~ NOV 12 2009

Tel: (561) 838-4100
Fax: (561) 838-5305
E-mail: alslaw@alslaw.com

ACKERMAN
◆ **LINK** ◆
SARTORY
Attorneys At Law

222 Lakeview Avenue
Suite 1250 - Esperante
West Palm Beach, FL 33401

[243.009]

November 3, 2009

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

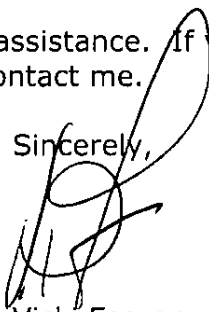
RE: Kimlar Corporation, Inc. - J73274

Dear Sir / Madam:

Please file the enclosed Statement of Change of Registered Office and Registered Agent for Kimlar Corporation and return the filed document to this office. Our check for \$35.00 is enclosed.

Thank you very much for your assistance. If you have any questions or need anything further, please feel free to contact me.

Sincerely,



Vicki Fearon
Paralegal

:vf
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KIMLAR CORPORATION, INC.
Name of Corporation

DOCUMENT NUMBER: J73274

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:

Vicki Fearon, paralegal
Name of Contact Person

Ackerman, Link & Sartory, P.A.
Firm/Company

222 Lakeview Avenue, Suite 1250
Address

West Palm Beach, FL 33401
City/State and Zip Code

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

For further information concerning this matter, please call:

Vicki Fearon at (561) 838-4100
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

**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.

1. The name of the corporation: Kimlar Corporation, Inc.
2. The principal office address: 14 Meadowlake Circle North, Lake Placid, FL 33852
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/26/1996 Document number: J73274
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)

J. Lawrence Sartory

14 Meadowlake Circle North

Lake Placid, FL 33852

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

Wendy S. Link, Esq.

222 Lakeview Avenue, Suite 1250

P.O. Box NOT acceptable

West Palm Beach, FL 33401

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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.

Wendy S. Link
Signature of an officer or director

Wendy S. Link, President

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.

Wendy S. Link
Signature of Registered Agent

November 3, 2009

Date

If signing on behalf of an entity:

Typed 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 (8/05)