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Division of Corporations



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## REGISTERED AGENT CHANGE KUNTRY KUBBARD, INC.

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Plotida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: KUNTRY KUBBARD, INC.
2. The principa	l office address: 10 Sarasoia Center Blvd., Sarasoia, FL 34240
3 The mailing	addiess (if different): Same
	poration/qualification: 10/13/1988 Document number: K38686
5. The name ar	ad street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	ALAN M. ELWELL.
	10 SARASOTA CENTER BLVD.
	SARASOTA, FL 33240
6. The name an (if changed):	d street address of the new registered agent (if changed) and for registered office
	CROSS STREET CORPORATE SERVICES, LLC
· . ·	200 SOUTH ORANGE AVENUE
•	PO Box NOT acceptable
	SARASOTA, FL. 34236
as changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.  The identical by resolution duly adopted by its board of directors or by an officer so he board of the corporation has been notified in writing of the change.
///	he board or the corporation has been notified in writing of the change.  ALAN M. ELWELL, As its President
Signati	use of sal of lifer of director Printed or typed name and true
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment as registered agent and agree to act in this capocity.  To comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or if this in filed merely to reflect a change in the registered office address. Thereby confirm that the specified in writing of this change.
	shatture of Registeroc Agent Date
If signing on be	chalf of an entity:
	/ILSON, As its Vice President
	ypod or Printed Name
•	* * * FILING FEE: \$35.00 * * ^
M CR26045 (04/13)	Make Checks payable to Florida Department of State all to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314