

K53755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

MAIL

(Business Entity Name)

(Document Number)

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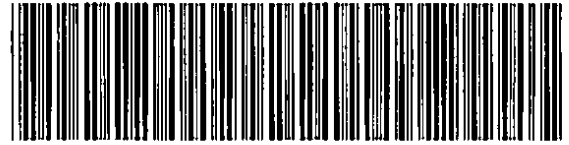
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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

JAN 16 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KONING ENTERPRISES, INC.
Name of Corporation

DOCUMENT NUMBER: K53755

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:

RHONDA KONING

Name of Contact Person

KONING ENTERPRISES, INC.

Firm/Company

8301 JOLIET ST

Address

HUDSON, FL 34667

City/State and Zip Code

TINA@KONING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RHONDA KONING

Name of Contact Person

at (727) 861-7225

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

2019 JAN 10 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: KONING ENTERPRISES, INC.
2. The principal office address: 8301 JOLIET STREET, HUDSON, FL 34667
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/27/1988 Document number: K53755
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)

MARK A SPENCE - RESIGNED

6400 MADISON

NEW PORT RICHEY, FL 34667

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

ROLAND D. WALLER

5332 MAIN STREET

P.O. Box NOT acceptable

NEW PORT RICHEY, FL 34652

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]
Signature of an officer or director

PHONDA KONING 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]
Signature of Registered Agent

DEC 11 2018

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
CR2F045 (03-12)

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