144136

Examiner's Initials

	<u> </u>	. •	
Req	uestor's Name		
No leteroid Cri	Son rev Address	·	
Kinco P.O. Box 6 City/State/2	429 Zin Phone #	-	0023514651 -11/19/9701025008 *****35.00 *****35.00
Jacksonire	e, H 32236.	6429 Office	e Use Only
,		NT NUMBER(S), (if know	n):
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(Corpo	ration Name)	(Document #)	The same of the sa
2(Corpo	pration Name)	(Document #)	- 135 My 6
3.	•	(=,	10/2/16
Corpo	oration Name)	(Document #)	
4.			
(Согро	oration Name)	(Document #)	
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☐ Walk in ☐	Pick up time	Certified C	opy
Mail out	Will wait Phot	tocopy	of Status
NEW FILINGS	AMENDMENTS.		
Profit	Amendment		·
NonProfit	Resignation of R.A., Off	ficer/Director	
Limited Liability	Change of Registered A	gent	-
Domestication	Dissolution/Withdrawal		•
Other	Merger		
			·
OTHER FILINGS	REGISTRATIO	The state of the s	
Annual Report	QUALIFICATION		aha
Fictitious Name	Foreign	-	Chq.
Name Reservation	Limited Partnership		÷
	Reinstatement	VS NOV	2 5 1997
	Trademark		
l	Other		

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Pursuant to the provis					Statutes,
the undersigned corpor					7 .7 *
submits the following s	statement in order to c	hange_its register	ed office or regi	sterea agent, oi	r both in
the State of Florida.		_	,	2	300
1. The name of the corp	poration is: Kinc	o, Inc.	-		<u> </u>
					1/1/1/1/
2. The mailing address	of the corporation is:_	Kinco, Inc.			
	<u> </u>	P.O. Box 642	9, Jacksonvi	ille, Fl. 32	236-642
3. Date of incorporation	on/qualification: 1/2	2/90	Document num	ber: <u>L44136</u>	
4. The name and addre	ss of the current registe	ered agent and off	ice:		
	Ansbacher & Sc	hneider, P. A.		<u>.</u>	
	% Lewis Ansbac		1 Dudldina		
	Suite 100, Nat 4215 Southpoin	<u>ionai rinancia</u> t Boulevard	T pullaing		
	Jacksonville,		·	<u> </u>	
5. The name and addre	ss of the new registere	d agent and office	: (P. O. Box No	t Acceptable)	
	Robert F. King	<u> </u>		<u>.</u>	
	2811 Spanish C	ove Trail			
	Jacksonville,		· -		
The street address of i agent, as changed, wil	ts registered office and l be identical.	d the street addres	ss of the busines	s office of its re	egistered
Such change was auth authorized by the boar	orized by resolution d d.	uly adopted by its	s board of direct	ors or by an off	icer so
100		1 m2		11/14/97	
(Signature of an offi	icer, chairman or vice chairm	an of the board)		(Date)	
Mark A. Will:		esident/Treasu	rer	11/14/97	<u> </u>
	Printed or typed name and til			(Date)	
Having been named a corporation, I hereby I further agree to comperformance of my duregistered agents.	accept the appointment only with the provision	nt as registered as s of all statutes re	gent and agree i	to act in this ca oper and compl	pacity. lete
W. I War	61		17/11	, /07	
(Signature	FRegistered Agent)		11/14 (Date)	131	
If signing on behalf of an o	atity:				
Robert F. Ki			Presi	dent	•
	Printed Name)	<u> </u>	(Ca	pacity)	