## L63430

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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SECRETARY OF STATE

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: King Bethune, Inc. Name of Corporation			
DOCUMENT NUMBER: L63430			
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
James C. Peterson			
Name of Contact Person			
Peterson Law Group, PLLC			
Firm/Company	<del></del>		
418 Canal Street			
Address			
New Smyrna Beach, FL 32168			
City/State and Zip Code	<del></del>		
jenniferstich2@gmail.com			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter, please call:			
Delaney Ritton	at (386 ) 428-2464		
Name of Contact Person	at (386 ) 428-2464 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of Florida	
	ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: King Bethune	
2. The principal	office address: S. Atlantic Ave., New Smyrna Beach, FL 32169	
	G334 S. ATLANTIC AVE, NSB FL 32169	
3. The mailing a	address (if different): Dos 133 Pana Rock, M. S. 1200 POBOX 2126 NEW Sayen	<b>54</b>
4. Date of incorp	address (if different):     Compared to the co	, 7 P
5. The name and	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Sid C. Peterson, JrRESIGNED	
	418 Canal Street	
	New Smyrma Beach, FL 32168	
6. The name and (if changed):	and the second s	
	James C. Peterson	
	James C. Peterson  418 Canal Street	
	P.O. Box NOT acceptable New Smyrna Beach, FL 32168	
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
	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.	
	JENNIFER KING STICK	
_ •	Terrifer King Sticm  Printed or typed name and title  Presipte	~~
I hereby accept I further agree t of my duties, an document is bei corporation has	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 ing filed merely to reflect a change in the registered office address, phereby confirm that the s been notified in writing of this change.	
(1)	(8/Z) gnature of Registered Agent Date	
If signing on be	chalf of an entity:	
Ту	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