

Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

KINGSWOOD CO-OP, INC.

2 kg 2 10 kg 10 mg	
Certificate of Status	0
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Page Count	02
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Sharon Blydenburgh on Behalf of Bonnie Barnhill

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727-502-8256

Direct Fax:

727-502-8956 A Ref \$38.555

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17 8 10 more 4 6

Client:

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RE: Kingswood Co-Op, Inc. - Statement of CHange of Registered Office or Registered Agent

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H07000086282 3

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flortda inge is submitted for a corporation organized under the laws of the State of	Florida	'	
in orde	r to change its registered office or registered agent, or both, in the State of	Florida.		
1. The name of t	he corporation: KINGSWOOD CO-OP, INC.		2	
	office address: 10108 OAK FOREST DRIVE, RIVERVIEW FLORIDA 3356	89-58 27	100	
		AE.	APF	
3. The mailing a	ddress (if different): SAME	AS.	Į.	_
		EEC Y		r
4. Date of incom	poration/qualification: 1/5/2001 Document number: NO1000	- T	<u> </u>	τ
5. The name and	street address of the current registered agent and registered office on file we trace to State:		: 30	-
	DAVID S. BERNSTEIN, ESQ.			
	150 2ND AVENUE NORTH, 17TH FLOOR:	;		
	ST. PETERSBURG, FLORIDA 33701	_		
The name and (if changed):	street address of the new registered agent (if changed) and /or registered of NICK FERRARO	ffice	t . Et ut	,.
٠.	15875 58th St. North, Suite 2020, Mail No. 187	-		
	(P.O. Box NOT acceptable) Clearwater, Florida 33760	_		
The street addresses changed will	ess of its registered office and the street address of the business office of be identical.	its registere	d agent,	
	ss authorized by resolution duly adopted by its board of directors or by a se board, or the corporation has been notified in writing of the change.			
(Signatu	who have or director) I South P. Durking or typed name and	। । सराक्)		
I hereby accept I further agree to 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 co d I am familiar with and accept the obligation of my position as register ng filed merely to reflect a change in the registered office address. I here been notified in writing of this change.	mplete perfo ed agent. C eby confirm	ormance r, if this that the	
V2	9- Straw 3/29/07	•		
(Si)	midware of Registrated Asset) (Date)			
If signing on be	half of an entity:			
141	LL FERRARD			
Ŋ	yped or Frinted 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)