N07000001407

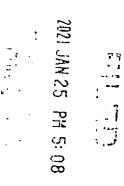
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
	_	

Office Use Only



600358671876

01/25/21--01016--023 **35.00



MAR 0 9 2021

S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: KING DAVID BIKERS OF SOUTH FROMIDA, INC. Name of Corporation
DOCUMENT NUMBER: NO 700001407
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:
Name of Contact Person Name of Contact Person NA Firm/Company 12062 PREPINC BUD Address West Pack Beach, FL 33412 City/State and Zip Code LIALAZOC GMAIL. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TREDRICK H VA/A20 au 561 414 1030
Name of Contact Person at (G6/) 4/9/030 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
The Centre of Tallahassee
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

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: KNG PAVID BIKERS OF SOUTH FLOKIDA, INC.
2. The principal office address: 12062 TAN ERINEBUD WEST PAIN BEACH
Florida 33412
3. The mailing address (if different):
4. Date of incorporation/qualification: $\sqrt{02/06/2007}$ Document number: $\sqrt{07000001407}$
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)
Voseph LAUID F-HPPIN
3475 PINCTIPUED CIRCLE
BOCA RATON, FL 33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): FRODRICK A. JALAZO 13062 JANGGRINE BLAD P.O. Box NOT acceptable West Ray Beach FL 33412
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.
Thinks of types want and the
I hereby accept the oppointment 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 of Registered Agent It signing on behalf of an entity:
Typed or Printed Name

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