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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: KS Cape, Inc. Name of Corporation
DOCUMENT NUMBER: N 14 0 0000 8 8 26
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:
Essie J Wilson
Name of Contact Person  Kare of Contact Person  INC.
110 Lithia Pine vest Road, Suite B
Bhandon 33511 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813) 440-7815 3 3 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

## 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: K2 t Scape, Inc.
2. The principal office address: 10 CITNIA PINECREST KOAD
3. The mailing address (if different):
4. Date of incorporation/qualification: 09192014Document number: N14000008826
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)
Michael Feagin (Resigned
110 Lithe Thecrost Road
Brandon Pl 33511
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): USSIC TNIJSON 3 559
110 Lithia Pinecrest Rd Suits 3
Brandon, 33511
The street address of its registered office and the street address of the business office of its registered agents
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.
Huda Wright Freda Wright Measure 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 movely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Mignature of Registered Agent Date Date
If signing on behalf of an entity:
Typed or Printed Name

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