P00000037342

(Requestor's Name)
(Address)
(Address)
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(5) (5) (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Consideration of Silver Officers
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2022 SEP -6 AH 10: 4

COVER LETTER

, Div

TO: Amendment Section Division of Corporations		·
SUBJECT: KMR Limited, Inc. Name of Corporation		
DOCUMENT NUMBER: P00000037342		
The enclosed Statement of Change of Registered Office	ce/Agent and fee ar	re submitted for filing.
Please return all correspondence concerning this matter	er to the following:	
TO: Amenda Roseann Minnet		
Name of Contact Person		
KMR Limited, Inc.		
Firm/Company		
223 West Prospect Road Address		
Oakland Park, FL 33309		
City/State and Zip Code		
roscann@lightseeker.net		
E-mail address: (to be used for future annual repo	rt notification)	· · · · · · · · · · · · · · · · · · ·
TO: Append		
For further information concerning this matter, please	call:	
Roseann Minnet	at (⁹⁵⁴	351-7282
Name of Contact Person	Area Code	351-7282 & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.		
E-mail address: E-mail address: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810
CR2F045 (04/13)		
Land adviAment		

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

-	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida
	to change its registered office or registered agent, or both, in the State of Florida.
	ne corporation: KMR Limited, Inc.
	office address: 223 West Prospect Road
	Oakland Park, FC 33309
3. The mailing ad	ldress (if different):
4. Date of incorpo	oration/qualification: 4/12/2000 Document number: P00000037342
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
· · · · · · · · · · · · · · · · ·	Resigned 9 8
i. The name der	22 SEP
-	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office. Charles I. Curtis, P. A.
(Charles L. Curtis, P.A.
	2000 S. Ocean Blvd., 11E
	P.O. Box NOT acceptable Eauderdale By The Sea, FL 33062
The street address changed will be	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
_ Kove	an Minnet, MGR
Signature	Frinted or typed name and title
I further agrée to of my duties, and document is bein	he appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and complete performance I I am familiar with and accept the obligation of my position as registered agent. Or, if this ig filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
. 1. Marks	K/lmh 8/30/2022
Tt Signa	ature of Registered Agent Date
If signing on beh	RLES L. CURTIS
Тут	ped 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 CR2E045 (04/13)