## P0000093900

| (Re                          | equestor's Name)   |             |
|------------------------------|--------------------|-------------|
| (Ad                          | ldress)            |             |
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|                              | -                  |             |
| (Cit                         | ty/State/Zip/Phon  | e #)        |
| PICK-UP                      | WAIT               | MAIL        |
| (Bu                          | isiness Entity Nai | me)         |
| (Do                          | cument Number)     | l           |
| Certified Copies             |                    | s of Status |
| •<br>Special Instructions to | Filing Officer:    |             |
|                              |                    |             |
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|                              | Office Use On      | ly          |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: K. E. Newman Enterprises, Inc.

(Name of corporation)

DOCUMENT NUMBER: P00000092900

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:

Karen E. Newman

(Name of contact person)

K. E. Newman Enterprises, Inc.

(Firm/Company)

3221 Cypress Marsh Dr.

(Address)

Fort Myers, FL 33905

(City/state and zip code)

For further information concerning this matter, please call:

 Karen E. Newman
 at (239)
 694-1166

 (Name of contact person)
 (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 409 E. Gaines Street Tallahassee, FL 32399

## 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  $\underline{Flore}DA$ \_\_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: K. E. Newman Enterprises, Inc.

2. The principal office address: 3221 Cypress Marsh Dr.

Fort Myers, FL 33905

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3. The mailing address (if different):\_

4. Date of incorporation/qualification: October 3, 2000 Document number: P00000092900

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

|   | Karen E. Newman                            |        |        |     |
|---|--|--------|--------|-----|
|   | 3021 (K.E.N.)<br>2331 Meandering Way # 102 |        | 05     | т   |
|   | Fort Myers, FL 33905                       | ECRE   | 5 AUG  | -11 |
| 6. The name and street address of the new registered agent (if changed) and /or registered of (if changed): |  | TARY O | 6 15 1 | ILE |
|   | Karen E. Newman                            | FLOF   | ič] ⊯  | U   |
|   | 3221 Cypress Marsh Dr.                     | RIDA   | 5      |     |
|   | (P.O. Box NOT acceptable)                  | _      |        |     |
|   |  |        |        |     |

Fort Myers, FL 33905

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.

New Lo. Neuros (Signature of an officer or director) are

Karen E. Newman (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 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)

August 12, 2005 (Date)

If signing on behalf of an entity:

Karen E. Newman

(Typed 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