

PO00000099679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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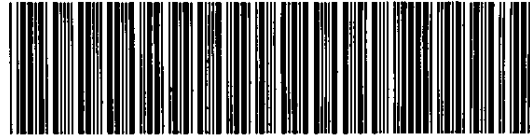
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 24 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KEPIX, CORP.

Name of Corporation

DOCUMENT NUMBER: P00000099679

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:

Luis A. de Armas

Name of Contact Person

Shutts & Bowen LLP

Firm/Company

200 South Biscayne Blvd, Ste 4100

Address

Miami, Florida 33131

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis A. de Armas

Name of Contact Person

at (305) 379-9114

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: KEPIX, CORP.
2. The principal office address: 8741 SW 87TH ST.
MIAMI, FL 33173
3. The mailing address (if different): 8741 SW 87TH ST.
MIAMI, FL 33173
4. Date of incorporation/qualification: 10/23/2000 Document number: P00000099679
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)
Posada, Guillermo RESIGNED
8741 SW 87 Street
Miami, FL 33173
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Albert Cohen
Wald & Cohen, P.A.
P.O. Box NOT acceptable
11420 North Kendall Drive, Ste. 203, Miami, FL 33173

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.

Patricia Palz
Signature of an officer or director

Patricia Palz, Director

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.

Albert R. Cohen
Signature of Registered Agent

5/6/16
Date

If signing on behalf of an entity:

ALBERT R. COHEN
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
CR2E045 (03/12)