P000000000

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
P-1	siness Entity Nar	7
Certified Copies	•	
Special Instructions to	Filing Officer:	
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L	Office Use Onl	

M. HODGES



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12/19/05--01031--022 **10.00

12/19/05--01031--023 **25.00

FILED

OSDEC 19 PH 1: 02

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: K.B.E., Inc. (Name of Corporate	ion)		
DOCUMENT NUMBER: P00000100029			
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:		
PAtrick J. Delaney (Name of Contact Pe	rson)		
KBE, Inc. (Firm/Company))		
7405 Eaton Court (Address)			
University Park, FL 34201 (City/State and Zip C	Code)		
For further information concerning this matter, please call:			
Patrick J. Delaney at (Name of Contact Person)	941) 735-4330 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

statement of cha	unge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida ercd agent, or both, in the State of Florida.	-
1. The name of	the corporation: K.B.E., Inc.	·	
	office address: 7405 Eaton Court, Ur	niversity Park, FL 34201	
3. The mailing a	address (if different):	-,	
4. Date of incorp	poration/qualification: 10/24/2000		
	d street address of the current registered a trend to f State:	gent and registered office on file with the	
	Sheryl A. Edwards, Esquire		
	1800 Second Street, Suite	757	
	Sarasota FL 34236		
6. The name and (if changed):	d street address of the new registered ager		~
	Sheryl A. Edwards, Esquin		
	1515 Ringling Blvd., Suite	840	C
	Sarasota, FL 34236	: 02	
The street addr	ess of its registered office and the street l be identical.	address of the business office of its registered agen	ıt,
Such change w		d by its board of directors or by an officer so otified in writing of the change. CACK ICK TO ANK (Printed or typed name and title)	<u></u>
T 1 2	/ .T	nd agree to act in this capacity. tutes relative to the proper and complete performan ligation of my position as registered agent. Or, if the ne registered office address, I hereby confirm that to c.	ice his he
<u>Ill</u>	y y	12/9/05	_
	ignature of Registered Agent)	(Date)	
(shalf of an entity:		
	Typed or Printed Name)		

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