

P01000016154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

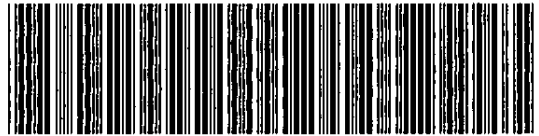
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FILED
10 MAR 29 AM 9:37
SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

PA CUN
3/30/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KSM SUNFLOWER, INC.
Name of Corporation

DOCUMENT NUMBER: P01000016154

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 MEYERS
Name of Contact Person

KSM SUNFLOWER, INC
Firm/Company

122 PERNELL JOHNSON DRIVE
Address

SEFFNER, FL. 33584
City/State and Zip Code

KSMSUNFLOWER@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICK OR KAREN MEYERS at (813) 653-9750
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2010

KAREN MEYERS
122 PERNELL JOHNSON DRIVE
SEFFNER, FL 33584

SUBJECT: KSM SUNFLOWER, INC
Ref. Number: P01000016154

We have received your document for KSM SUNFLOWER, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 010A00005925

**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: KSM SUNFLOWER, INC.
2. The principal office address: 122 PERNELL JOHNSON DRIVE
SEFFNER, FL. 33584
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 2001 Document number: P01000016154
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)

ALL FLORIDA FIRM, INC

813 DELTONA BLVD. STE. A

DELTONA, FL. 32725 US

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

KSM SUNFLOWER, INC./KAREN MEYERS

122 PERNELL JOHNSON DRIVE

P.O. Box NOT acceptable

SEFFNER, FL. 33584

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Richard Meyers
Signature of an officer or director

RICHARD MEYERS/V. P.
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.*

Karen Meyers 3/25/10
Signature of Registered Agent

03/05/10
Date

If signing on behalf of an entity:

KAREN MEYERS
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 (8/05)