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TO MAR -7 PH 12: 17

R.A. Chorge C.COULLIETTE

MAR 0.9 2011

EXAMINER

TO: Amendment Section Division of Corporations
SUBJECT: KRG SERVICE CORP Name of Corporation
DOCUMENT NUMBER: P0/0000 28923
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:
KIP R. GLUECK Name of Contact Person
KRG SERVICE CORP
3006 NW 5/ST TERRACE
MARGATE FLORIDA 33663 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KIP R Giveck at (954) 558-1134 Name of Contact Person Area Code & Daytime Telephone Number
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 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 ofFLOR/DF
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: KRG SERVICE CORP
1. The name of the corporation: KRG SERVICE CORP 2. The principal office address: 3006 NW 51st TERRACE MARGATE FLORIDA 33063 3. The mailing address (if different): 3
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/21/2001 Document number: P0/0000 289 23
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)
SPIEGEL & UTRERA P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33/34 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RIP R GLUECK 3006 NW 5/s+TERRACE P.O. Box NOT acceptable
3006 NW SISTTERRACE
MARGATE FL 33063
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.
Signature of the officer or director KIP R GLUECK PS70 Printed or typed name and tatle
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.
Rep R Delent 3-2-2011
Signature of Registered Agent Date
If signing on behalf of an entity:
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)