

KOBOLD ENTERPRISES INC. SUBJECT: (Name of corporation) DOCUMENT NUMBER: P01000077038 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: Please return all correspondence concerning this matter to the following: Uta S. Grove 300007828933----09/18/02--01054--014 (Name of person) \*\*\*\*105.00 \*\*\*\*\*35.00 Uta S. Grove, P.A. (Name of firm/company) 2451 McMullen Booth Rd. #231 (Address) Clearwater, FL 33759

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

(City/state and zip code)

For further information concerning this matter, please call:

(Name of person)

**Mailing Address:** Amendment Section Division of Corporations P.O. Box 6327

**Uta Grove** 

TO:

Amendment Section Division of Corporations

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

(1/5/25/02 DA/NO

CR2E045(07/02)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		9502, 617.0502, 607.1508, or 617.1508, F prporation organized under the laws of the	
Florida	in order to change its	registered office or registered agent, or b	oth, in the State
of Florida.			
1. The name of	the corporation: KOBOLD EN	ITERPRISES INC.	
2. The principal	l office address: 2451 McMull	en Booth Rd. #231, Clearwater, FL 33759	eran j
			25
3. The mailing address (if different):			AHASI TE
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4. Date of incom	poration/qualification:08/0	Document number: P0	1000077038
5. The name an Florida Depa	d street address of the current attment of State:	registered agent and registered office on fil	
	Anilkumar G. Tijoriwala		
	1018 Faircloth Ct.		
	Oviedo, FL 32765-7024		
6. The name and changed):	nd street address of the new Uta S. Grove, P.A.	registered agent (if changed) and /or regi	stered office (if
	2451 McMullen Booth Rd, #23	31	•
		ersonal mailbox NOT acceptable)	
	Clearwater, FL 33759		
The street addragent, as chang	ess of its registered office and ed will be identical.	d the street address of the business office of	of its registered
Such charge w authorized by	as authorized by resolution d he board, or the corporation h	uly adopted by its board of directors or by has been notified in writing of the change.	an officer so
	r-chairman or vice chairman of the board)	Gerlinde Kobold	
	•	(,	
perjormance of	my auties, and I am Jamiliar The Or if this document is hei	ed agent and agree to act in this capacity. s of all statutes relative to the proper and with and accept the obligation of my posing ing filed merely to reflect a change in the i poration has been notified in writing of th	ition as
34 /14a	Xuone	September 17, 2002	
100	Signature of Registered Agent)	(Date)	
If signing on beha	lf of an entity:	Provident (IIII O O O T	
Uta S. Grove	Typed or Printed Name)	President of Uta S. Grove, P.A.	
(	ryped of Frinted Name)	(Capacity)	

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