## POLOCOTT 3/8

KOBOLD CAPITAL CORPORATION SUBJECT: (Name of corporation) DOCUMENT NUMBER: P01000077318 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: Uta S. Grove (Name of person) Uta S. Grove, P.A. (Name of firm/company) 2451 McMullen Booth Rd. #231 (Address) Clearwater, FL 33759 (City/state and zip code) For further information concerning this matter, please call: **Uta Grove** (Area code & daytime telephone number) (Name of person)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Papalo

CR2E045(07/02)

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

	provisions of sections 607.0502, 617  change is submitted for a corporation  in order to change its recistance		State of	
of Florida.	the corporation: KOBOLD CAPITAL Co		out, in the state	
2. The principal	office address: 2451 McMullen Booth	Rd. #231, Clearwater, FL 33759	02 SEP	es P
3. The mailing a	address (if different):		8 PM 12	THE STREET
4. Date of incor	poration/qualification: 08/02/2001	Document number: P0	1000073188	-
	d street address of the current registere rtment of State:	d agent and registered office on fi	le with the	
	Anilkumar G. Tijoriwala		_	
	1018 Faircloth Ct.		_	
	Oviedo, FL 32765-7024		_	
6. The name a changed):	nd street address of the new registere Uta S. Grove, P.A.	d agent (if changed) and /or reg	istered office (if –	•
	2451 McMullen Booth Rd, #231	-		
	(P.O. Box or personal mails Clearwater, FL 33759	ox NOT acceptable)	<del>-</del> -	
	ess of its registered office and the stre ed will be identical.			
	as anthorized by resolution duly adop are beard, or the corporation has been charman or vice chairman of the board)	ted by its board of directors or by notified in writing of the change Gerlinde Kobold  (Printed or typed name and title)	y an officer so	
I further agree performance of registered age office address,	the appointment as registered agent to comply with the provisions of all some duties, and I am familiar with an at. Or, if this document is being filed I hereby confirm that the corporation	tatutes relative to the proper and d accept the obligation of my po merely to reflect a change in the	l complete sition as registered	
If signing on beha	lignature of Registered Agent)	· · (Date)		
Uta S. Grove		President of Uta S. Grove, P.A.		
	Tymed or Printed Name)	(Capacity)	<del></del>	-

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