P020000 21819

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100250835431

08/19/13--01046--021 **35.00

TÄLLÄDASSEE, FLORIDA

X 8/23

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: DON KOKY ENTER Prises, COPP Name of Corporation				
DOCUMENT NUMBER: PO200021819				
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:				
HAVOID W Perez Name of Contact Person				
Name of Contact Person				
Don Kolly Enterprises Firm/Company				
1840 w 49 st suite 708 Address				
HIALEAL FI 33012 City/State and Zip Code				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Harold W Perez at (786) 342 9087 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 Street Address: Amendment Section				
Division of Corporations Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes age is submitted for a corporation organized under the laws of the State of	. ,	
	to change its registered office or registered agent, or both, in the State of Florida.		•
	ne corporation: Don Koky Enterbrises, Confice address: 1840 W 49 St suite 70)
2. The principal	office address: 1840 W 49 ST SUITE 70	8	
3. The mailing ac	ddress (if different):		_
4. Date of incorp	oration/qualification: 02/37/2002 Document number: P0250	0021	819
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		
	HAROLD W Perez		
	14984 SW 58 ST		₹
6. The name and (if changed):	MIAM. Pl 33016	I3 AUG	ALLA:
	street address of the new registered agent (if changed) and /or registered office	NSSEE FLOR	TWRY O
	Harold W Perez		101.01 201.01 201.01 201.01
	1840 W 49 st suite 708 P.O. Box NOT acceptable	20	ALIE VIDA
	Hialeah fl 33012		
The street addre	ss of its registered office and the street address of the business office of its regist be identical.	tered age	nt,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer e board, or the corporation has been notified in writing of the change.	so	
Signatur	Havo Id W Perez (Printed or typed name and title	<u>CeD</u>	_
I hereby accept I further agree to perform ance of agent. Or, if this hereby confirm to	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as reg s document is being filed merely to reflect a change in the registered office addr that the corporation has been notified in writing of this change.	zistered ess, I	
Sign	nature of Registered Agent D8 /14 /2013 Date		-
If signing on bel			
Ту	ped or Printed Name		

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