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



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COVER LETTER

| TO: | Amendmer Division of | nt Section F Corporations | | | | | | |
|----------------------|-------------------------|---|---|--|--|--|--|--|
| SUBI | ÆCT: | THE KAUDERER GR | | | | | | |
| | _, | (Name of Cor | poration) | | | | | |
| DOC | UMENT NU | MBER: P0200010162 | 9 | | | | | |
| The c | nclosed State | ment of Change of Registered Office/ | Agent and fee are submitted for filing. | | | | | |
| | | rrespondence concerning this matter to | | | | | | |
| | | | | | | | | |
| | | DANIELLE KAUDERER | | | | | | |
| | | (Name of Contr | ect Person) | | | | | |
| | | | | | | | | |
| | | THE KAUDERER GROU | P. INC. | | | | | |
| | • | THE KAUDERER GROU (Firm/Con | ipany) | | | | | |
| | | | | | | | | |
| | | 100 GOLDEN ISLES | DRIVE, #1408 | | | | | |
| | | (Addre | | | | | | |
| | | | | | | | | |
| HALLANDALE, FL 33009 | | | | | | | | |
| | - | (City/State and | Zip Code) | | | | | |
| For f | inther inform | ation concerning this matter, please ca | W: | | | | | |
| | | | | | | | | |
| | | DANIELLE KAUDERER | at (561) 271-2927 (Area Code & Daytime Telephone Number) | | | | | |
| | (N | ame of Contact Person) | (Area Code & Daytime Telephone Number) | | | | | |
| Encid | osed is a \$35. | 00 check made payable to the Departm | ent of State. | | | | | |
| | | Mailing Address: Amendment Section | Street Address: Amendment Section | | | | | |
| | | | Amendment Section Division of Corporations | | | | | |
| | | Division of Corporations P.O. Box 6327 | Clifton Building | | | | | |
| | | Tellohosse El 30314 | 2661 Executive Center Circle | | | | | |

Tallahassee, FL 32301

20 21 20

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

| Pursuant to the provisions of section statement of change is submitted for | is 607.0502, 617.05 a corporation orga | 802, 607,1508, mized under tl | or 617.150 he laws of th |)8, Florida Sta he State of F | nates, this LORIDA | | |
|---|---|--|--|--|---|----------------------------|---|
| in order to change its regis | | | | | | | |
| 1. The name of the corporation: | THE KAUD | ERER GROU | P, INC. | ····· | | | |
| 2. The principal office address: 100 GOLDEN ISLES DRIVE, #1408 | | | | | | | _ |
| | HALLANDA | LE, FL 33 | 009 | | | | |
| 3. The mailing address (if different) | , | | | <u> </u> | | | |
| 4. Date of incorporation/qualification | n: 09/19/20 | 002 Docum | nent munix | r: P0200 | 0101629 | | |
| 5. The name and street address of the Florida Department of State: | e current registered LEAZAR E KAUL | | ristered offic | ce on file with | the | | |
| | | | 44.100 | | | | |
| 100 GOLDEN ISLES DRIVE. #1408 | | | | | | 95 | |
| | IALLANDALE, FI | 33009 | | | | 05 NOV | |
| The name and street address of the (if changed); | ie new registered ag | gent (if change | xd) and /or r | egistered offic | ¢ | / 15 AM 11:04 | 9 |
| <u> </u> | DANIELLE KAUDERER | | | | | | 2 |
| 7 | 100 GOLDEN ISLES DRIVE, #1408 (P.O. Box NOT acceptable) | | | | | | |
| | HALLANDALE, FL 33009 | | | | | į | C |
| The street address of its registered as changed will be identical. | office and the stre | et address of | the busines | es office of its | registered a | gent, | |
| Such charge was authorized by resultionized by the board, or the co | solution duly adoption has been | ted by its boa notified in w | | | | | |
| (Signature or all ornices or office | • | | - | etle Raudi | | | |
| I hereby accept the appointment of further agree to comply with the of my duties, and I am familiar we document is being filed merely to corporation has been notified in y | s registered agent provisions of all s th and accept the c reflect a change in writing of this chan | and agree to tatutes relative obligation of re the registere ge. | act in this in the property position additional additio | capacity, oper and com as registered dress, I hereb | plete perfort agent. Or, y confirm th | nance if this at the | |
| Signature of Registered As | Den | | | th 200 | | | |
| If signing on behalf of an entity: | | | | | | | |
| (Typed or Printed Name) | | ********************* | | | | - | |
| | * * * FILING | P. E.E.; \$35.00 | | | | | |