

PO 3000110150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

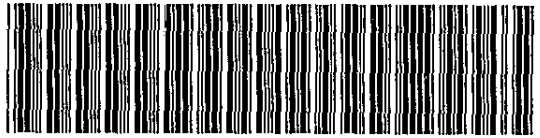
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000041559170

10/27/04--01025--003 **35.00

FILED
04 OCT 27 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO chg
DCC
11/5

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KLF Enterprises, Inc
(Name of corporation)

DOCUMENT NUMBER: P03000110150

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:

Kim Fialkow
(Name of contact person)

KLF Enterprises Inc
(Firm/Company)

26 Bermuda Lake Dr
(Address)

Palm Beach Gardens, FL 33418
(City/state and zip code)

For further information concerning this matter, please call:

Kim Fialkow at 561, 626-5642
(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
Tallahassee, FL 32314

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

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 of FLA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KLF Enterprises Inc
2. The principal office address: 26 Bermuda Lake Dr
Palm Beach Gardens, FL 33418
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/22/03 Document number: P03000110150

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Kim Fialkow
15591 Cedar Grove Lane
Wellington, FL 33414

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kim Fialkow
26 Bermuda Lake
Palm Beach Gardens, FL 33418
(P.O. Box NOT acceptable)

FILED
OCT 27 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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] (Signature of an officer or director) Kim Fialkow (Printed or typed name and title)

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.

[Signature] (Signature of Registered Agent) 9/30/04 (Date)

If signing on behalf of an entity:
Kim Fialkow
(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