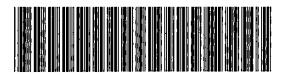
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SECRETARY OF STATE
ALL AHASSEE FLORIES

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: K & B LANDSCAPING INC.				
(Name of Corporation)				
DOCUMENT NUMBER: P04000018740				
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:				
SHEYLLA GARCIA				
(Name of Contact Person)				
K & B LANDSCAPING INC.				
(Firm/Company)				
3025 JULIP DR. (Address)				
(1144.500)				
KISSIMMEE FL 34744				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
SHEYLLA GARCIA at (407) 346-0342				
SHEYLLA GARCIA at (407) 346-0342 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Enclosed is a \$55.00 check made payable to the Department of State.				
Mailing Address: Street Address:				
Amendment Section Amendment Section				
Division of Corporations Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of change is s	ubmitted for a corporation organiz	$^{\circ}$, 607.1508, or 617.1508, Florida Stazed under the laws of the State of \underline{F} red agent, or both, in the State of Flo	LORIDA	
1. The name of the corp	oration: K & B LANDSCAPING	SINC.		
2. The principal office a KISSIMMEE FL	ddress: 205 COMPETITION D	R.		
3. The mailing address (
4. Date of incorporation	/qualification:	Document number: P040000	18740	
5. The name and street a Florida Department of		ent and registered office on file with	the	
JOS	E A. JIMENEZ			
<u>205</u>	COMPETITION DR.		IALL 8	
KISS	SIMMEE FL 34743		DE NOV	
6. The name and street a (if changed):		(if changed) and /or registered offic		
SHE	YLLA GARCIA		STATE STATE	
<u>3025</u>	JULIP DR.		7	
KISS	(P.O. Box NOT acceptable) SIMMEE FL 34744			
The street address of it as changed will be ider	s registered office and the street a	address of the business office of its	registered agent,	
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 of an o	Hicer or director)	JOSE A. JIMENEZ (Printed or typed name and titl	(e)	
I further agree to comp of my duties, and I am document is being filed corporation has been n	pointment as registered agent and oly with the provisions of all statu familiar with and accept the oblig I merely to reflect a change in the potified in writing of this change. Registered Agenty (l agree to act in this capacity. tes relative to the proper and comp gation of my position as registered registered office address, I hereby	plete performance agent. Or, if this confirm that the	
If signing on behalf of	- 00	()	,	
(Typed or F	rinted Name)			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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