

P040000019178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

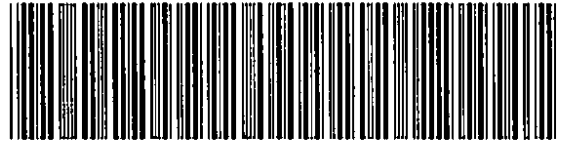
(Business Entity Name)

(Document Number)

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09/17/18--01019--025 \*\*35.00

2018 SEP 17 AM 11:01

SEP 17 2018

SEP 21 2018

**COVER LETTER**

2013 SEP 17 AM 11:01

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Robert Kiehne General Contractor Inc  
Name of Corporation

**DOCUMENT NUMBER:** P04000019178

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:

Robert B Kiehne

Name of Contact Person

Robert Kiehne General Contractor Inc

Firm/Company

4128 NW 12TH ST

Address

Cape Coral, FL 33993

City/State and Zip Code

robert@robertbk.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Kiehne

Name of Contact Person

at ( 239 ) 293-4486

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 4486 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Robert Kiehne General Contractor Inc  
2. The principal office address: 4128 NW 12TH ST, Cape Coral, FL 33993

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/20/2004 Document number: P04000019178

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert B Kiehne  
6900 Daniels Pkwy, Suite 29-345  
Fort Myers, FL 33912

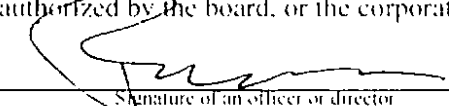
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert B Kiehne  
4128 NW 12TH ST  
P.O. Box NOT acceptable  
Cape Coral, FL 33993

2018 SEP 17 AM 11:01  
CORPORATION  
STATE OF FLORIDA

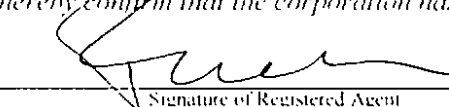
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Robert B Kiehne, President  
\_\_\_\_\_  
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 of Registered Agent

9/12/2018  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Robert B Kiehne  
\_\_\_\_\_  
Typed or Printed Name

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