

PO4000023432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

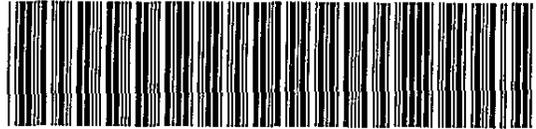
(Document Number)

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04 SEP 21 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: K P Professional Services INC
(Name of corporation)

DOCUMENT NUMBER: P04000023432

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:

Patricia Polanco
(Name of contact person)

K. P Profesional Services INC
(Firm/Company)

831 Hillcrest DR
(Address)

Davenport FL 33897
(City/state and zip code)

For further information concerning this matter, please call:

Patricia Polanco at (863) 424 5310
(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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: K.P. Profesional Services, INC
- 2. The principal office address: 831 Hillcrest DR. DAVENPORT
FL 33897
- 3. The mailing address (if different): NONE

4. Date of incorporation/qualification: _____ Document number: P 04000023432

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Francisca Kelly
423 Hillcrest DR
DAVENPORT FL 33897

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

PATRICIA POLANCO
831 Hillcrest DR
(P.O. Box NOT acceptable)
DAVENPORT FL 33897

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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.

Francisca Kelly FRANCISCA DUFFANEY KELLY
(Signature of an officer or director) (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.

Patricia Polanco _____
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
PATRICIA POLANCO
(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