

P04000148597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

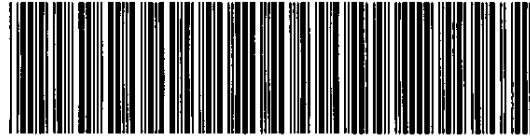
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
14 JUN 16 PM 1:15

C. LEWIS
JUN 26 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KMP Marketing, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000148597

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:

Kathleen Peters

Name of Contact Person

KMP Marketing, Inc.

Firm/Company

4250 Corrine Drive Suite 301

Address

Orlando, FL 32814

City/State and Zip Code

kmpmarketing@me.com

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

For further information concerning this matter, please call:

Kathleen Peters

Name of Contact Person

at (407) 951-8485

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

1. The name of the corporation: KMP Marketing, Inc.
2. The principal office address: 4250 Corrine Drive Suite 301
Orlando, FL 32814
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/27/04 Document number: P04000148597

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)

Kathleen Peters, President

KMP Marketing, Inc.

2020 Meeting Place Suite 101, Orlando, FL 32814

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

Kathleen Peters, President

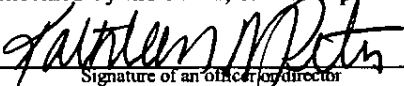
KMP Marketing, Inc.

P.O. Box NOT acceptable

4250 Corrine Drive Suite 301, Orlando, FL 32814

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

Kathleen M. Peters, 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

Date

If signing on behalf of an entity:

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

CR2E045 (03/12)

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