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SECRETARY OF STATE TALLAHASSEE, FINALE

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: BARRY KAY P.A. (Name of Corpo	pration)		
DOCUMENT NUMBER: P05000055156			
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
BARRY KAY (Name of Contact	t Person)		
BARRY KAY P.A. (Firm/Comp	any)		
9150 CHULA VISTA ST. #13104 (Address)		
NAPLES, FL 34113 (City/State and Z	in Code)		
For further information concerning this matter, please call:	·F/		
BARRY KAY a	t (239) 530-2710		
(Name of Contact Person)	t (239) 530-2710 (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		
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CONTRACTA SELECTION	1D C P. C. C.		

CR2E045 (8/05)

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

statement of char	nge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of FLORIDA	
in order	r to change its registered office or registe	ered agent, or both, in the State of Florida.	
1. The name of the	he corporation: BARRY KAY P.A.	· ·	
2. The principal	office address: 9150 CHULA VISTA S	T. #13104	
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: APR. 13, 2005	Document number: P05000055156	
	street address of the current registered attment of State:	gent and registered office on file with the	
	BARRY KAY		
	2125 MALIBU LAKE CIRCLE	#2028	
•	NAPLES, FL 34119	TALL SEC	*1
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered office PSSEE FELS	
	9150 CHULA VISTA ST. #13		
	(P.O. Box NOT acceptable)) P	
	NAPLES, FL 34113		
The street addre	ss of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	
		BARRY KAY PRESIDENT	
I hereby accept a I further agree to of my duties, and document is bein	the appointment as registered agent an o comply with the provisions of all stat d I am familidr with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change.	utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
1		JANUARY 8, 2008	
(Sig	nature of Registered Agent)	(Date)	
If signing on bel	half of an entity:		
(T	yped or Printed Name)		
	* * * FILING FE	CE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314