P0500090304

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Communikids Inc. Name of Corporation			
DOCUMENT NUMBER: P05000090304			
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:			
Martha Zambrano Name of Contact Person			
Communikids Inc. Firm/Company			
4156 Central Sarasota PKWy Unit 82			
Sarasota Fl 34238 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Mar ha Zambrano at (813) 9564602 Name of Contact Person at (813) 9564602 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 Clifton Building Tallahassee, FL 32314 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.
1. The name of the corporation: Communikids Inc
2. The principal office address: 4156 Central Sarasota PKwy
2. The principal office address: 4156 Central Sarasota PKwy Sarasota, FL. 34238
3. The mailing address (if different): N/A.
4. Date of incorporation/qualification: 06/23/2005 Document number: P05000903C
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)
Martha Zambrano
8952 IRON OAK Ave. ASS N
Tampa F1 33647
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Martha Zambrano
4156 Contral Sarasota PKwy Un PT 821
Sarasota Fl 34238
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 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.
Moutha Lace-Boccus 10/21/12 Signature of Registered Agent Date
If signing on behalf of an entity:
Martha Zambrano Typed or Printed 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 * * *