

Florida Department of State  
Division of Corporations  
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From:

Account Name : HOLLAND & KNIGHT  
Account Number : 072100000016  
Phone : (813)227-8500  
Fax Number : (813)229-0134

KWheeler

REGISTERED AGENT CHANGE

KACHURAK ENTERPRISES, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$87.50 |

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DIVISION OF CORPORATIONS

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**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: Kachurak Enterprises, Inc.
2. The principal office address: 16132 Churchview Drive, Suite 105, Lithia, Florida 33547
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/15/05 Document number: P05000095841
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Mami Morgan Poe3805 W. San Miguel Street, Suite ATampa, Florida 33629

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

Sylvette Kachurak16132 Churchview Drive, Suite 105

(P.O. Box NOT acceptable)

Lithia, Florida 33547

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.

S. Kachurak  
(Signature of an officer or director)

Sylvette Kachurak  
(Printed or typed name and title)  
**President**

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.

S. Kachurak  
(Signature of Registered Agent)

4-11-07  
(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  
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