## P05000101000

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(Re	equestor's Name)	
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(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nam	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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SECRETARY OF STATE ALL AHASSEF FILED

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: K.R.K.A. REALTY, INC.	rporation)
DOCU	MENT NUMBER: P05000101000	·
The en	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter t	o the following:
	KATHLEEN TOMASSO (Name of Cont	act Person)
	K.R.K.A. REALTY, INC. (Firm/Con	npany)
	2424 N. FEDERAL HIGHWAY, S (Addre	
	BOCA RATON, FL 33431	
	(City/State and	Zip Code)
For fur	ther information concerning this matter, please ca	11:
KATHI	LEEN TOMASSO (Name of Contact Person)	at ( 561 ) 368-5185 (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Departm	nent 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu inge is submitted for a corporation organized under the laws of the State of <u>FLC</u> ir to change its registered office or registered agent, or both, in the State of Floric	RIDA		
		aa.		
	the corporation: K.R.K.A. REALTY, INC.			
2. The principal	office address: 2424 N. FEDERAL HIGHWAY, SUITE 114			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 07/19/2005 Document number: P050001010	000		
	I street address of the current registered agent and registered office on file with the truent of State:	e Ma	0.	
	MARK B. WALZER	, CRE	7 MAR	
	9208 NW 73RD STREET	TAR	२ २ ६	
	TAMARAC, FL 33321	4 OF	PH	П
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	STATE	2: 00	C
	ANTHONY TOMASI			
	2424 N. FEDERAL HIGHWAY, SUITE 114			
	(P.O. Box NOT acceptable) BOCA RATON, FL 33431			
The street addre	ess of its registered office and the street address of the business office of its registerial.	gistered	agent,	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an office board, or the experiation has been notified in writing of the change.	cer so		
Addle (Signatur	KATHLEEN TOMASSO (Printed or typed name and title)			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complet d I am familiar with and accept the obligation of my position as registered ag ng filed merely to reflect a change in the registered office address, I hereby co been notified in writing of this change.	te perfor ent. Or, onfirm th	mance if this at the	?
_ A	3/15/07			
	half of an entity:			
1	· · · · · · · · · · · · · · · · · · ·			
(T	yped or Printed Name)			

\* \* \* FILING FEE: \$35.00 \* \* \*