## POS000102113

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  [ PICK-UP	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	Address .
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Decument Number)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:
1	
<del></del>	<u></u>

Office Use Only



400059658234

10/14/05--01012--018 \*\*35.00

05 OCT 14 PM 12: 00

Gr A

## **COVER LETTER**

Division of Corporations	
SUBJECT: KEMIE KING, P.A. ATTORNEY AT LAW (Name of Corporation)	
DOCUMENT NUMBER: Was PO5000 102 113	
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:	
KENIE KING, ESQ (Name of Contact Person)	
KENIE KING, P.A. ATTOENEY AT LAW (Firm/Company)	
P.O. Box 1888 (Address)	
ORLANDO, FL 32801 - 1888 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Kemie King at (407) 963-4033 (Name of Contact Person) (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  Street Address: Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ege is submitted for a corporation organized under the laws of the State of <u>FLORIDA</u> to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: KOUIG KING, BA., ATTORNEY AT LAW
	ffice address: P.O. Box 1888
	OPLANDO, EL 32801-1888
3. The mailing ad	dress (if different):
4. Date of incorpo	pration/qualification: 12105 Document number: P05000102113
5. The name and s Florida Departs	street address of the current registered agent and registered office on file with the nent of State:
_	2715 W. FAIRBANKS AVENUE, STEZOI
	WINTER PARK, FL 32789 FE 8 17
_	AHAS: CT 16
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office
-	5064 DOWNING STREET SE S
_	OPLANDO   FL 32339  (P.O. Box NOT acceptable)
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signature (Signature	REMIE KING, PRES.  Of an officer or director)  (Printed or typed name and title)
I haraby account th	ne appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this is filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
Ker	W.G. Chi.  10 11 05  thure of Registered Agent)  (Date)
(Signing on beha	
KEMIE K	ed or Printed Name)

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