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(Re	equestor's Name)			
•				
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(Ac	ldress)			
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T PICK-UP		MAIL		
(Bu	siness Entity Name			
, (Do	ocument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
ANT AHASSEE, FLORIDA

 ℓD

COVER LETTER

Divisio	ment Section on of Corporations	
SUBJECT: K	CC Enterprises Inc. (Name of Corp.)	oration)
DOCUMENT	number: 2	
The enclosed S	tatement of Change of Registered Office/Ap	gent and fee are submitted for filing.
Please return al	l correspondence concerning this matter to	the following:
,	Claudio Copat (Name of Contac	t Person)
	,	
	(Firm/Comp	any)
	1122 NE 36th Ave.	
	(Address)
	Ocala, FL 34470 (City/State and Z	in Code)
For further info	rmation concerning this matter, please call:	
i or runner into	matter, preuse ean.	
Claudio Copat	(Name of Contact Person)	At (352) 291-0222 (Area Code & Daytime Telephone Number)
Enclosed is a \$3	35.00 check made payable to the Departmen	
	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

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

	,	7.0502, 607.1508, or 617.1508, Florida Sta		S	
		organized under the laws of the State of Fl		9	-
in orde	r to change its registered office or i	registered agent, or both, in the State of Flor	rida.⊖ ≥e	APR	7
1. The name of	the corporation: KCC Enterprises In	nc.	AS	=	10 mm
2. The principal	office address: 2229 SE 11th ST		SEE YY		
Ocala, FL 3	4471		F.S	R	Ċ
3. The mailing a	ddress (if different):		ORID ORID	:	
			ÜΑ	٠.	
4. Date of incorp	poration/qualification: 01-17-2006	Document number: Polo 00	0007	427	8
5. The name and		ered agent and registered office on file with			
	The Florida Incorporating Co	ompany, 6096 Buckeye Court,			
	Suite C, Tamarac, Florida	33319			
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	;		
	Claudio Copat				
	1122 NE 36th Ave.				
	(P.O. Box NOT acc	ceptable)			
	Ocala, FL 34470				
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its r	registered	d ager	ıt,
Such change was authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an of een notified in writing of the change.	fficer so		
(Signati	ire of an opticer or director)	Claudio Copat - President (Printed or typed name and title	e)		-
I further agree to of my duties, an document is hei	to comply with the provisions of a d Lam familiar with and accept the	ent and agree to act in this capacity. ll statutes relative to the proper and comp he obligation of my position as registered of e in the registered office address, I hereby hange.	agent. U	ir. 11 ti	nıs
_ Clan	de yar	02/28/2007			_
(Šiį	gnature of Regutered Agent)	(Date)			
If signing on be	half of an entity:				
Claudio Copa	t				
	yped or Printed Name)				

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