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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
ALLAHASSEE, FLORID,

RA Change 01/23/07 Dr

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Kona Dog Fishing Inc. (Name of Corporation)
DOCUMENT NUMBER: P0 60000 5172 9
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:
Nole Karcher (Name of Contact Person) Kona Dog Fishing, Inc
11429 Grove St (Address)
Seminole FL 33772 (City/State and Zip Code)
For further information concerning this matter, please call:
Nole Karcher at (727) 235-2333 (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
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

Pursuant to the provisions of statement of change is subminate in order to change	itted for a cor	poration organize	ed under the law	vs of the State of	- Flo.	•
The name of the corporation	ion:	Kona	Dog	Fishing	SIFA	<u>c</u> ,
2. The principal office addre	ess:	11429	Grove	S+ '		
	Sem	inole	FL	337	77	
3. The mailing address (if di		<u> </u>			·····	
4. Date of incorporation/qua	lification:	4/11/06	Document n	umber:	0 6000	05172
The name and street addre Florida Department of Sta		ent registered age	nt and registered	d office on file v	with the	
	No	le Ka	rcher			
was the state of t	222	150 ling Bea	+1 AL	e E		
	mad.	eing Bea	ach, F	C 3770	£ ≥s	0
6. The name and street addre (if changed):				-	CRETA	
	Nole	. Kan	-her		— m	•
	1/42	Oroca NOT acceptable)	ne st		۲ ST/ FLOI	
	Sem:no	Kapa R Grou Box NOT acceptable) ole FC	33	772	NTE NDA	1
The street address of its reg as changed will be identica					its registere	ed agent,
Such change was authorize authorized by the board, or	d by resolution the corporati	on duly adopted to on has been notif	by its board of clied in writing of	tirectors or by a	an officer so	ı
(Signature of an officer	/L		n	le La	incher	. <u> </u>
I hereby accept the appoint I further agree to comply work of my duties, and I am fami document is being filed mer corporation has been notifi		stered agent and sions of all statute accept the oblig a change in the of this change.	-	* -	*	formance Or, if this that the
ma				14/07		
(Signature of Regis	_ ,	- ···		(Date)		
If signing on behalf of an e						
Kona Dog Fis	Kling, I	nc				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)