

P06000065089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA Change  
News  
8-28-09

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: Kadin Corporation
2. The principal office address: 3653 Regent Blvd #104  
Jacksonville, FL 32224
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 5/08/06 Corporation # \_\_\_\_\_ Document number: P 06000065089

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

*resigned*  
Arnold Tritt c/o Tritt + Henderson  
707 Peninsular Place  
Jacksonville, FL 32204

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

Kim Meadows c/o Kadin Corporation  
3653 Regent Blvd #104  
P.O. Box NOT acceptable  
Jacksonville, FL 32224

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.

Kim Meadows  
Signature of an officer or director

Kim Meadows, President  
Printed or typed name and title

*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.*

Kim Meadows  
Signature of Registered Agent

8-20-09  
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