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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: KSKR Enterprises Inc

Name of Corporation

DOCUMENT NUMBER: P07000762289

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:

Ron Spiller

Name of Contact Person

KSKR Enterprises Inc.

Firm/Company

10810 Boyette Rd #121

Address

Riverview, FL 33568

City/State and Zip Code

Ron.Spiller@ymail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ron Spiller

...813

930-5224

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

$_{\star,\star}$. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	ns 607.0502, 617.050.			, this	
•		r a corporation organi stered office or registe	•			
	o o			the state of Ftoriaa.		
1. The name of	the corporation: Ks	kr Enterprises Ir	nc.			,
		810 Boyette Rd				
		NEW ADDRE			·····	
3. The mailing a	address (if different)	Same as above	eNEW Addres	SS		
4. Date of incorp	poration/qualification	on: <u>07/02/2007</u>	Document numb	ber: <u>P070000762</u>	289	
		ne current registered ag esigned, enter resigne		fice on file with the		
,	Ronald Spille	r				
	11309 Loch L	omond Dr				
	Riverview, FL	. 33569				=
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office			registered office	12 JUL 30 AM İI: 39	ALL AHA
	Ronald Spille	r			30	ASSEE
	10810 Boyett	e Rd #131-NEW	/ ADDRESS		A	
	D:	P.O. Box NOT	acceptable		 ယ္က	SE
	Riverview, FL	. 33568			Œ) A
The street address changed will	ess of its registered be identical.	office and the street a	address of the busines	ss office of its registe	red ager	ıt,
Such change wa authorized by th	as authorized by res ne board, or the corp	olution duly adopted poration has been not	by its board of direct ified in writing of the	ors or by an officer s change.	ю	
) (<u> </u>		Ronald Spiller,			
I hereby accept I further agree to performance of agent. Or, if the	to comply with the p my duties, and I an is document is bein	registered agent ana provisions of all statu 1 familiar with and ac 1 g filed merely to refle 1 has been notified in	l agree to act in this c tes relative to the pro cept the obligation o ct a change in the re	oper and complete f my position as regi gistered office addre	stered ss, I	
_ \ _ /)(7/26/12			
Sig	nature of Registered Agent			Date		
If signing on be	half of an entity:					
Ronald Spil	ller					
T	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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