P07000124754

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SECRETARY OF STATE
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P.A. Charge

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Kingdon Concept Properties Tuc (Name of Corporation)
DOCUMENT NUMBER: P07000124754
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:
Patricia F. Waner (Name of Contact Person)
Kingdon Concept Properties Inc. (Firm/Company)
1-2. Box 320993 (Address)
Coca Beach FL 32932 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (321) 784-8267 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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: Kingdom Concept Properties, Inc	-
2. The principal office address: 335 lincola CT STC 107	_
Melbourne PL 32940	_
3. The mailing address (if different): PO Box 970993	_
Cocoa Beach PC 32932	
4. Date of incorporation/qualification: 11/19/07 Document number: 807000124754	-
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Patricia F. Warner	
335 Pineda CT STC 103	
Melbourne PC 72940	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Paricia A. Febro	71
P.O. Box NOT acceptable)	ורנט
Melborne PC 72940	
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.	
(Signature of an officer or director) Physicia F. WARNER (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.	
Signature of Registered Agent) (Signature of Registered Agent) (Date)	
(Signature of Registered Agent) (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
05)

CR2E045 (8/05)

APPROVE