P07000127036

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KAMEESABEE INC.
Name of Corporation

DOCUMENT NUMBER: P07000127036

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:

MIGUEL DE LA CRUZ
Name of Contact Person

KAMEESABEE INC.
Firm/Company

385 W 44 ST
Address

HIALEAH FL 33012
City/State and Zip Code

margaretnavarro224@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL DE LA CRUZ at (954) 696 1506
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

CR2E045 (8/05)

RECEIVED
2009 JUN 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2009

MIGUEL DE LA CRUZ
KAMEESABEE INC
385 W 44 STREET
HIALEAH, FL 33012

SUBJECT: KAMEESABEE, INC.
Ref. Number: P07000127036

We have received your document for KAMEESABEE, INC. and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please indicate what changes are to be made, and return for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 209A00019961

It's a change of address.

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: KAMEESABEE INC.

2. The principal office address: 385 W 44 STREET
HIALEAH FL 33012

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/01/2007 Document number: P07000127036

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)

6351 MOSELEY STREET

HOLLYWOOD, FL 33024

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

385 W 44 STREET
P.O. Box NOT acceptable

HIALEAH FL 33012

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2009 JUN 29 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MIGUEL DE LA CRUZ (DIRECTOR)
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

MAY 30, 2009.
Date

If signing on behalf of an entity:

Miguel De La Cruz
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

CR2E045 (8/05)