

P07000134521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

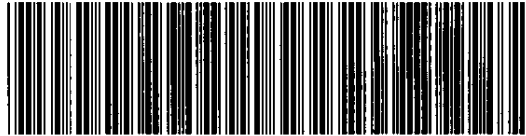
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APCM  
7/14/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Change of Address  
Name of Corporation

K. McCain Inc  
DOCUMENT NUMBER: P07000134521

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:

Name of Contact Person  
KATHERINE MCCAIN

Firm/Company  
K. MCCAIN INC.

Address  
209 Autumn Oaks Loop

City/State and Zip Code  
WINTER GARDEN FL 34787

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

Katie - McCain@yahoo.com

For further information concerning this matter, please call:

Katherine McCain

Name of Contact Person

at (727) 418-5983

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 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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: K. McCain Inc.
2. The principal office address: 209 Autumn Oaks Loop  
Winter Garden, FL 34787
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 12/26/2007 Document number: PO7000134521
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)  
Katherine McCain  
1241 E Ridgewood St.  
Orlando, FL 32803
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Katherine McCain  
209 Autumn Oaks Loop  
Winter Garden, FL 34787

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P.O. Box NOT acceptable

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.

K. McCain  
Signature of an officer or director

Katherine McCain / 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.

K. McCain  
Signature of Registered Agent

Katherine McCain / President  
Date

If signing on behalf of an entity:

Katherine McCain  
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