

PO800005359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

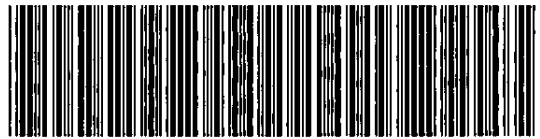
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 22 AM 9:45

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2010

LOUIS MAGLIULO
KISMET INNOVATIONS
4651 BAY CREST DRIVE
TAMPA, FL 33615

SUBJECT: KISMET INNOVATIONS, INC.
Ref. Number: P08000015359

We have received your document for KISMET INNOVATIONS, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 710A00008321

EC

IPR 22 AM 2:00

RETURN TO
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kismet Innovations
Name of Corporation

DOCUMENT NUMBER: P08000015359

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:

Louis Magliulo
Name of Contact Person

Kismet Innovations
Firm/Company

4651 Bay Crest Dr.
Address

Tampa, FL. 33615
City/State and Zip Code

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

For further information concerning this matter, please call:

Louis Magliulo at (813) 731-9795
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

**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: Kismet Innovations
2. The principal office address: 4651 Bay Crest Dr.
Tampa, FL 33615
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2-11-08 Document number: PD0000015359
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)

~~The Company Corporation Service Company~~
~~277 Centerville Rd.~~ 1201 Hayes St.
~~Wilmington, DE 19808~~ Tallahassee, FL,
32301

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

~~Kismet Innovations~~ Louis Magliulo
4651 Bay Crest Dr.
Tampa, FL 33615

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.

Louis Magliulo
Signature of an officer or director

Louis Magliulo 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.

Louis Magliulo
Signature of Registered Agent

3-31-10
Date

If signing on behalf of an entity:

Louis Magliulo
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