P08000032656

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SECRETARY OF STATE

Myslan

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CORKY KOUTURE COLLECTIBLES INCORPORATED (Name of Corporation)

DOCUMENT NUMBER: P08000032656

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:

LISA K KLUVER
(Name of Contact Person)

120 LANSING ISLAND DRIVE (Address)

INDIAN HARBOUR BEACH, FL 32937 (City/State and Zip Code)

For further information concerning this matter, please call:

LISA K KLUVER at (321) 544-6618
(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

statement of c	the provisions of sections 607.0502, 617.05 change is submitted for a corporation orga rder to change its registered office or regis	nized under the laws of the State of	
1. The name	of the corporation: CORKY KOUTUR	E COLLECTIBLES INCORP	ORATED
2. The princip	pal office address: 120 LANSING ISLA	AND DRIVE INDIAN HARBO	DUR BEACH, FLORIDA
32937			
3. The mailin	ng address (if different):		
4. Date of inc	corporation/qualification: 03/31/2008		
	and street address of the current registered a epartment of State: (If resigned, enter resign		ith the
	BRENDA Y CARPENTER		<u> </u>
	4345 CAROLWOOD DRIVE		
	MELBOURNE, FL 32934		ARY ARY
6. The name a	and street address of the new registered age d):	ent (if changed) and /or registered of	
	LISA KLUVER		
	120 LANSING ISLAND DRIVE		
	(P.O. Box NOT acceptable		
ent	INDIAN HARBOUR BEACH, FI		
	Idress of its registered office and the street will be identical.		
Such change authorized by	was authorized by resolution duly adopte y the board, or the corporation has been n	ed by its board of directors or by ar otified in writing of the change.	n officer so
M.	Mu	LISA K KLUV	
Lhereby acce I farther agre of my duties, document is	ept the appointment as registered agent an ee to comply with the provisions of all sta and I sim familiar with and accept the ob being filed merely to reflect a change in th has been notified in writing of this change	tutes relative to the proper and col ligation of my position as registere he registered office address. I here	·
		LISA KLUVE	R
	(Signature of Registered Agent)	(Date)	
If signing on	behalf of an entity:		
	(Typed or Printed Name)	·	
	* * * FILING F	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314