## P08000035974

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)					
(Address)					
(Address)					
· (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
· , ,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





200168726302

02/22/10--01011--003 \*\*35.00

2010 FEB 22 AM 9: 30 SECRETARY OF STATE

R.A

FEB 23 2010

## **COVER LETTER**

SUBJECT: KP EVENTS AND TRAVEL, INC.						
DOCUMENT NUMBER: P08000035974						
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:						
Rosario Picallo Name of Contact Person						
KP EVENTS AND TRAVEL, INC.						
6423 Collins Ave Apt 1002 Address						
MIAMI BEACH, FL. 33141 City/State and Zip Code						
KUKY @ bell SOUTH. NET						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ROSARIO PICA 110 at 305 868-1100 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  Street Address: Amendment Section Division of Corporations Clifton Building						

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607,0502, 617 nge is submitted for a corporation o to change its registered office or re	organized under the laws	of the State of _	FLORIDA	<del>)</del>
		CUTS AND	•		
	office address: 6423 Co			··· <del>-</del>	
MIAM	BEACH. FL	0810A . 3	3141		
3. The mailing ac	Idress (if different): V/A.				
4. Date of incorp	oration/qualification: Apr L8	Document nu	mber: Po 8	000035	97
	street address of the current registement of State: (If resigned, enter resigned)		office on file with	h the	
	Copporation SI	ervice Con	pany		
	1201 Hays S	treet			
	Tallahassel, F	1 32301		20101 FALL	
6. The name and (if changed):	street address of the new registered		_	PE N	
	Rosapio Pie 6423 Collius	A-110		1.333 SEE. F	П
			17 1002	STA 9:	C.
		OX NOT acceptable	3141	30 RIDE	
The street address changed will	ss of its registered office and the s be identical.	treet address of the busi	iness office of its	s registered agent	i,
Such change wa authorized by th	s authorized by resolution duly ad e board, or the corporation has bee	opted by its board of di on notified in writing of	rectors or by an the change.	officer so	
1 200 au	e of an officer or director	RosARio	Pes-Ilo -	PRESIDEN	+
I hereby accept	the appointment as registered age to comply with the provisions of all I am familiar with and accept the filed merely to reflect a change been notified in writing of this cha	nt and agree to act in th	his canacity		ce is e
posa	enteerelo	TEB	17,20	010	
Sign	ature of Registered Agent		Date		
If signing on bel	· () i i				
	ped 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)