P08000053581

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(Requestor's Name)		
(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:		
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COVER LETTER

TO: Amendmen Division of	t Section Corporations			
SUBJECT: KABA ENTERPRISES, INC. Name of Corporation				
•				
DOCUMENT NUMBER: P0000053581		000053581		
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:				
		•		
	ANNA GA	ARRAMONE		
Name of Contact Person				
KABA ENTERPRISES - 7-ELEVEN				
Firm/Company				
		, ,		
1400 A1A				
		Idress		
	7 C	idi 0,3		
VERO BEACH, FL 32963				
City/State and Zip Code				
kaba711@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
		044		
	nna Garramone ne of Contact Person	at (<u>914)</u> Area Code & Daytime	924-0841	
Nan	ie of Contact Person	Area Code & Daytime	Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address:	Street Address		
	Amendment Section	Street Address: Amendment Secti	on	
	Division of Corporations	Division of Corpo		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive C	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: KABA ENTERPRISES, INC.
2. The principal office address: 1400 A1A, VERO BEACH, FL 32963
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/30/2008 Document number: P08000053581
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)
PETER JORGENSEN, ATTORNEY AT LAW
1709 2 0TH STREET
PETER JORGENSEN, ATTORNEY AT LAW 1709 20TH STREET VERO BEACH, FL 32960
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ANNA GARRAMONE
ANNA GARRAMONE S
1400 A1A
P.O. Box NOT acceptable VERO BEACH, FL 32963
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.
Signifiare of an office or effector 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 Registed Agent 10/6/05
If signing on behalf of an entity:
ANNA GARRAMONE Typed or Printed Name

* * * FILING FEE: \$35.00 * * *