## P08000078698

<b>.</b>		
(Re	questor's Name)	-
(Add	dress)	
(Add	dress)	
•	,	
(6)	/C+++ /7:= /Fib ===	
(Citi	//State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
	,	
Cartified Capies	Cortificator	of Ctatue
Certified Copies	. Certificates	or Status
	•	
Special Instructions to F	Filing Officer:	ŧ
	,	

Office Use Only



400152687054

04/29/09--01036--028 \*\*70.00

2009 APR 29 PH 12: 41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 APR 29 PH 12: 1

R.A.
TB 5-6-09

## **COVER LETTER**

SUBJECT: Kreative Karma USA Inc. (Name of Corporation)
DOCUMENT NUMBER: P 08000078698
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:
Marina Reyes (Name of Contact Person)
(Firm/Company)
417 NW 3rd Terr. (Address)
(Address)
Cape Coral, Fl. 33993 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239 ) 560-8243 (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 Evecutive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## 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: Kreative Karma USA Inc.
2. The principal office address:
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/25/08 Document number: POS DOCO 78695
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)
Marina Reyes
133 NE 5 PI TASE 28
133 NE 5 PI  Cape Coral, Fl. 33909  Cape Coral, Fl. 33909
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Marina Reyes
Marina Reyes 2: 4
417 NW 3rd Terr.  (P.O. Box NOT acceptable)
Cape Coral, Fl. 33993
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.
(Signature of an officer or director)  Marina Reves (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.
Marina Registered Agosti April 22, 2009 (Signature of Registered Agosti) (Date)
If signing on behalf of an entity:
(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 CR2E045 (8/05)