P08000089108

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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

C.COULLIETTE

APR 15 2009

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: KBO Capital Inc (Name of Corporation)		
DOCUMENT NUMBER: <u>P08000089/08</u>		
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:		
,		
Michael Overton (Name of Contact Person)		
(Name of Contact Person)		
KBO Cap, tal Inc		
(Firm/Company)		
3105 Isser Lane (Address)		
(Address)		
Jucksonville FL 32257 (City/State and Zip Code)		
(City/Stafe and Zip Code)		
For further information concerning this matter, please call:		
Michael Overton at (904) 563 4591 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(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

TO:

Amendment Section

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: KBO Capital Inc
2. The principal office address: 3/05 /SSC- LA
Jacksonville FL 32257
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/29/2008 Document number: PO8000089/08
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)
Corpdirect Agents / Ne
Corpdirect Agents INC 515 East Dark Ave 76119 Kasse, FL 32301
Tallahasse, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): My chael Overton
3105 1sser La SSR W F
TACKSONVIlle FL 32257 Com COM
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.
Michael Overton (Signature of an officer or director) Michael Overton (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.
Michael A Overfon 4-11-2009 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Michael A Overton (Typed or Printed Name)
(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)