

PO8000105121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

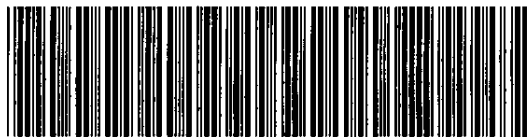
(Business Entity Name)

(Document Number)

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@ 11/19/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KariCo, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000105121

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:

Karen McCraney
Name of Contact Person

KariCo, Inc.
Firm/Company

700 LaPeninsula Blvd., #404
Address

Naples, FL 34113
City/State and Zip Code

karenmccraney@charter.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen McCraney at (239) 389-1639
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2009

KAREN MCCRANEY
KARICO, INC.
700 LaPENINSULA BLVD., #404
NAPLES, FL 34113

SUBJECT: KARICO, INC.
Ref. Number: P08000105121

We have received your document for KARICO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 809A00034895

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11 19 AM 10:00
DIVISION OF CORPORATIONS
HALL COUNTY

**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: KariCo, Inc.
2. The principal office address: 700 LaPeninsula Blvd., # 404, Naples, FL 34113
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/01/2008 Document number: P08000105121

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)

USA-RA, LLC

841 Prudential Drive, 12th Floor

Jacksonville, FL 32207

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Karen McCraney

700 LaPeninsula Blvd., # 404

P.O. Box NOT acceptable

Naples, FL 34113

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TALLAHASSEE, FLORIDA
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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.

Karen McCraney
Signature of an officer or director

Karen McCraney, Pres.
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.

Karen McCraney
Signature of Registered Agent

11/02/2009
Date

If signing on behalf of an entity:

Karen McCraney
Typed or Printed Name

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