P9000004923

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Change

08/14/09--01003--004 **35.00



18/09 4/8/09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: KOK MANGULNT, INC Name of Corporation
DOCUMENT NUMBER: 09000004923
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:
KENNETH Coleman Name of Contact Person
K Cole MANAMENT, INC
29 Elgin LADE
P.Bch GARdens, 7/33418 City/State and Zip Code Coleman 2 @ Bell South . NET
Coleman 2 @ Bell South . NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (561) 379.5675 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

KCole Management, Inc.

August 11, 2009

DIVISION OF CORPORATIONS

Please change the address of KCole Management to:

Mailing and Business to: 24 Elgin Lane

Palm Beach Gardens, Fl. 33418

XM G

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 4/.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: KCole MANAGMENT INC
2. The principal office address: 24 E/912 LADE
PAIN BCh GARDENC, 71. 33418
3. The mailing address (if different):
5. The maining accress (in different).
4. Date of incorporation/qualification: <u>TAN 15,09</u> Document number: <u>P0900000 492</u> 3
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)
HALE, SHAW, & PHAFFENBURGER, T.H.
660 US HWY ONE Third Floor
N. Palm Bch, 7/ 33408
6. The name and street address of the new registered agent (if changed) and /or registered office of
6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed): **ENNETH Coleman**
711 Eleval LANE
P.O. Box NOT acceptable
FAIM BCh GARdens, 71 33418 SE S
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 KENNETH R Coleman 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 Registered Agent Date
Signature of Registered Agent Date
f signing on behalf of an entity:
/
Typed or Printed Name

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