P090000 18100

(Bown about	a Nama)	
(Requestor	s Name)	
(Address)		
(Address)		
(City/State/	Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business E	Entity Name)	
(Document	Number)	
Certified Copies C	ertificates of	Status
Special Instructions to Filing O	fficer:	
•		



06/25/09--01010--011 **35.00

SECRETARY OF STATE

ALLAHASSEE FLORIOL





COVER LETTER

. **TO:** Amendment Section Division of Corporations

SUBJECT:	UBJECT: Klass Distributors, Inc. Name of Corporation					
	Nam	e of Corporation				
DOCUMENT NUMB	PO900018100					
The enclosed Statement	t of Change of Registered	Office/Agent and fee are sub	mitted for filing.			
Please return all corresp	condence concerning this	matter to the following:				
Name of Contact Person						
Klass Distributors, Inc.						
		rm/Company				
		1 7				
	2907 Mossy Timber Trail					
Address						
		EI 00500				
	Vairi City/s	co, FL 33596 tate and Zip Code				
	City/state and Zip Code					
smarsh29@aol.com						
E-n	nail address: (to be used	for future annual report no	otification)			
For further information	concerning this matter, pl	lease call:				
S	hari Marsh	813	694 6064			
	f Contact Person	at (<u>813</u>) Area Code & Da	vtime Telephone Number			
			.,			
Enclosed is a \$35.00 ch	eck made payable to the I	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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0 ange is submitted for a corp er to change its registered o	oration organize	ed under the laws of the Sta	te of Florida			
1. The name of	the corporation: Klass D	istributors,	Inc.				
2. The principal office address: 16765 Fishhawk Blvd., Suite 316							
Lithia, FL 33547							
3. The mailing a	address (if different): P.O.	Box 89864					
Tampa, FL 33689							
4. Date of incor	poration/qualification:	2009	Document number:	P09000018100			
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)							
	Kurtis Johnson, Sr.	(resigned))				
	16765 Fishhawk Blv	d., Suite 316					
	Lithia, FL 33547			09 SEC			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Shari Marsh	·,· , , · , · , · , · , · , · , · , · ,	· · · · · · · · · · · · · · · · · · ·	AM I			
Shari Marsh 2907 Mossy Timber Trail P.O. Box NOT acceptable							
	Valrico,FL 33596						
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 wa	as authorized by resolutior he board, or the corporatio	n duly adopted b n has been notif	by its board of directors or fied in writing of the chang	by an officer so			
2 Km	re of an officer or director	0	- Shari Marsh,	. President			
of my duties, and document is bei	the appointment as registite comply with the provision of I am familiar with and coing filed merely to reflect as been notified in writing of	iccept the oblige change in the i	agree to act in this capaci es relative to the proper ar ation of my position as reg registered office address, i	ty. nd complete performance vistered agent. Or, if this I hereby confirm that the			
<u> </u>	gnature of Registered Agent		June 22,	2009			
/	chalf of an entity:		Date				
SHAK!	WAREH yped or Printed Name						

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