# P090000141845

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
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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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: RKK Florida INC.  Name of Corporation
DOCUMENT NUMBER: P 0 9 0 0 0 0 6 4 8 4 5
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:
Raymond K. Karosas Name of Contact Person:
RXX Florida INC.
319 CLEMATIS St. #118
West Palm Boach FL 33401 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Part
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

August 22, 2011

RAYMOND K. KAROSAS RKK FLORIDA, INC, 319 CLEMATIS STREET #118 WEST PALM BEACH, FL 33401

SUBJECT: RKK FLORIDA, INC. Ref. Number: P09000064845

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 011A00019645

11 OCT -3 AM II: 20
SAUGLIARY OF STATE
ONLY ANASSEE REFORD

### **COVER LETTER**

Division of Corporations
SUBJECT: RKK FLORIDA INC  Name of Corporation
DOCUMENT NUMBER: P 0 9000648 45
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:
RAY KAROSAS  Name of Contact Person
RKK FLORIDA INC
RKK FLORIDA INC  Firm/Company  # 160-  222 LAKEVIEW AUE 777  Address
City/State and Zip Code  RKAROSAS C GMAIL com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (56/) 7/8-3809  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

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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this are is submitted for a corporation organized under the laws of the State of <u>FLORIDA</u>
in order	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: RKK FLORIDA INC
2. The principal of	office address: 319 CLEMATTS STR # 118
	WPB, FL 33401
3. The mailing ac	ddress (if different): 222 LAKEVIEW AVE #160-777
	WPB, FL 33401
4. Date of incorp	oration/qualification: 7/3//2009 Document number: Po 90 000 6 48 45
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	RKK FLORIDA INC
	224 DATURA STR #800 EX
	W PB, FL .33401
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office a RAY KAROSAS
	222 LAKEV FW AUE #160-777  P.O. Box NOT acceptable
	WPB, FL, 33401
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
De	R. KAROSAS, PRES
I hereby accept I further agree to of my duties, document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.   Augustice of Registered Agent  Printed or typed plane and title  Printed or typed
_	half of an entity:
	yped or Printed Name
Ty	ypea or runtea wante

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