

P1 0000014736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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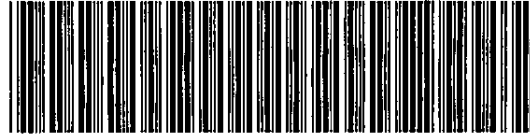
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

W/422

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KEVIN LABRIE INC
Name of Corporation

DOCUMENT NUMBER: P100000 14736

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:

KEVIN LABRIE

Name of Contact Person

KEVIN LABRIE INC

Firm/Company

4661 JOHNSON RD suite 8

Address

~~JANES~~ COCONUT CREEK FL 33073

City/State and Zip Code

KLABRIE1@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN LABRIE

Name of Contact Person

at (954) 829-7746

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

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: KEVIN LABRIE INC.
2. The principal office address: 4661 JOHNSON RD suite 8
COCONUT CREEK, FL 33073
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____

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)

MY Home → ~~4661 JO~~ 4077 SW. 141ST AVE
DAVIE, FL 33330

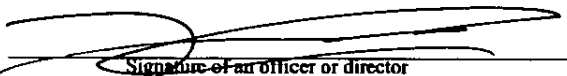
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

new OFFICE → 441 S. STATE RD 7 Suite 20
MARGATE, FL 33068

P.O. Box NOT acceptable

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

KEVIN LABRIE
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

10-30-15
Date

If signing on behalf of an entity:

KEVIN LABRIE INC.
Typed or Printed Name

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