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COVER LETTER

TO: Amendment Section Division of Corporations

_{surrect.}Kaz & Company Inc

Name of Corporation

DOCUMENT NUMBER, P10000077170

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:

Kimberly Zatrepalek-Morgan

Name of Contact Person

Kaz & Company Inc

Firm/Company

9502 Minorca Way Suite 30-101

Address

PBG, FI 33412

City/State and Zip Code

kazandcompanyinc@gmail.com

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

For further information concerning this matter, please call:

Kimberly Zatrepalek-Morgan at a

,561

346-8523

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of $\frac{Fl}{r}$
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Kaz & Company Inc.
2. The principal	office address: 9502 Minorca Way Suite #30-101 PBG, Fl 33412
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification 9-21-10 Document number: P10000077170
5. The name and	d street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Kimberly Zatrepalek-Morgan
	6668 Audubon Trace West
	West Palm Beach, FL 33412
6. The name and (if changed):	West Palm Beach, FL 33412 Street address of the new registered agent (if changed) and /or registered office Rimberly Zatrepalek-Morgan
	Kimberly Zatrepalek-Morgan
	9502 Minorca Way Suite 30-101
	P.O. Box NOT acceptable PBG, FI 33412
_	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the comporation has been notified in writing of the change.
Signatu	Kimberly Zatrepalek-Morgan Printed or typed name and title
I hereby accept I further agree t performance of agent, Or, if thi	the applointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	5-29-14
Sign	ture of Registered Agent Date
If signing on bel	dalf of an equity:
Ty	ped or Printed Name

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