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COVER LETTER

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 <u>I-1 O P ID L</u> in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: KAMPFER GROUP, N.C. 2. The principal office address: .5 430 (1)0 RTHINGTON LANE #20 /		
NAPLES F. 34110		
3. The mailing address (if different): 52 NC		
4. Date of incorporation/qualification: 11/23/2010 Document number: P10000095711		
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)		
CORPORATION, SERVICE COMPARY		
1201 HAYS ST		
TALLAHASSEF, F1. 32301		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
BETTY A. KAMPFER		
5430 WORTHINGTON LW #20/1997		
NAPLES, F.C. 34110		
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 anyothicar or director BES.— 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.		
Real 10/5/2011		
Signature of Registered Agent Date		
If signing on behalf of an entity:		
Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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