

P1000097673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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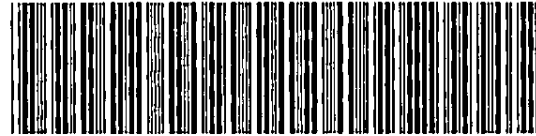
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Zephyr Kites, Inc.  
Name of Corporation

DOCUMENT NUMBER: P10000097673

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:

Michael McEwen  
Name of Contact Person

Zephyr Kites, Inc.  
Firm/Company

1801 NE 16th Terrace  
Address

Ft. Lauderdale, FL 33305  
City/State and Zip Code

mike@zephyrkites.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael McEwen at (844) 946-3386  
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**

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: Zephyr Kites, Inc.  
2. The principal office address: 1801 NE 16<sup>th</sup> Terrace, Ft. Lauderdale, FL 33305  
3. The mailing address (if different): Same as above  
4. Date of incorporation/qualification: 11/30/2010 Document number: P10000097673  
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)

Michael McEwen  
10597 Mendocino Lane  
Boca Raton, FL 33428

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

Michael McEwen  
1801 NE 16<sup>th</sup> Terrace  
Ft. Lauderdale, FL 33305

P.O. Box NOT acceptable

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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.

Michael McEwen  
Signature of an officer or director

Michael McEwen - President  
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.*

Michael McEwen  
Signature of Registered Agent

8/8/17  
Date

If signing on behalf of an entity:

Michael McEwen  
Typed or Printed Name

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