

P110000038712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

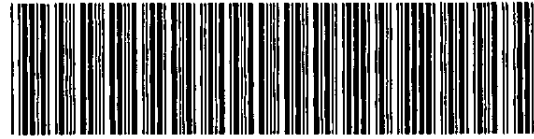
(Business Entity Name)

(Document Number)

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09/23/13--01038--029 **157.50

FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA
13 OCT 29 PM 2:50

OCT 30 2013

T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2013

CARLETTRE MATHE
9940 PINES BLVD
PEMBROKE PINES, FL 33024 US

SUBJECT: K LOUNGE, INC
Ref. Number: P11000038712

We have received your document for K LOUNGE, INC and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 113A00022910

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: K LOUNGE INC.

Name of Corporation

DOCUMENT NUMBER: P1000038712

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:

CARLETTRE MATHE

Name of Contact Person

Firm/Company

9940 PINES BLVD.

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

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

For further information concerning this matter, please call:

CARLETTRE MATHE

Name of Contact Person

at (

954) 307-2275

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
JCT 29 AM 11:28
FILING DIVISION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: K LOUNGE, INC.
2. The principal office address: 9940 PINES BLVD. PEMBROKE PINES, FL 33024
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/21/2011 Document number: P11000038712
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)

RESIGNED

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

CARLETTRE MATHE

9940 PINES BLVD.

P.O. Box NOT acceptable

PEMBROKE PINES, FL 33024

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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.

Carlette Mathe
Signature of an officer or director

Sept 19, 2013
Printed or typed name and date

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.

Carlette Mathe
Signature of Registered Agent

9/19/13
Date

If signing on behalf of an entity:

Typed or Printed Name

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