

P11000069198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800211802628

09/15/11--01005--010 **35.00

SEP 15 PM 1:05
RECEIVED
FBI - ALBANY

BAPO
9/16/11
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KBSS & J INC.
Name of Corporation

DOCUMENT NUMBER: P11000069198

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:

KAREN BOLIVAR
Name of Contact Person

KBSS & J INC
Firm/Company

11017 SUMMER DR
Address

TAMPA FL. 33624
City/State and Zip Code

MILLENIUMLSPA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN BOLIVAR at (813) 965-8067
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: KBSS & J INC
2. The principal office address: 8415 DEER CHASE DR
RIVERVIEW FL 33578
3. The mailing address (if different): 11017 SUMMER DR
TAMPA FL 33624
4. Date of incorporation/qualification: 08/02/2011 Document number: P11000069198
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)

ROBERT E VALDEZ SR. RESIGNED

1906 WEST PLATT ST

TAMPA FL 33606

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

KAREN BOLIVAR

11017 SUMMER DR.

P.O. Box NOT acceptable

TAMPA FL 33624

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.

Karen Bolivar
Signature of an officer or director

KAREN BOLIVAR 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.

Karen Bolivar
Signature of Registered Agent

08/30/2011
Date

If signing on behalf of an entity:

KAREN BOLIVAR
Typed or Printed Name

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

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