

P11000669198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## 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

MILLENIUMSPA@YAHOO.COM

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

For further information concerning this matter, please call:

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

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15 SEP 2011  
FLORIDA  
DEPARTMENT  
OF STATE  
DIVISION  
OF CORPORATIONS

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)