P11000080388

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: KKN Enterprises, Inc. Name of Corporation | | | | | |
|--|---|--|--|--|--|
| Name of | Согроганоп | | | | |
| DOCUMENT NUMBER: P1 | 1000080388 | | | | |
| The enclosed Statement of Change of Registered Off | fice/Agent and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this mat | tter to the following: | | | | |
| | | | | | |
| Bruce | A. Willey Contact Person | | | | |
| Name of C | Contact Person | | | | |
| Milloy C | O'Bring 1 C | | | | |
| Willey, O'Brien, L.C. Firm/Company | | | | | |
| | | | | | |
| | r Point Rd. N.E. | | | | |
| Ac | ddress | | | | |
| | | | | | |
| Cedar Rapids, IA 52402 City/State and Zip Code | | | | | |
| City/State and Zip Code | | | | | |
| bwilley@w | illeylaw.com future annual report notification) | | | | |
| E-mail address: (to be used for | future annual report notification) | | | | |
| | | | | | |
| For further information concerning this matter, please | e call: | | | | |
| Bruce A Willey | 319 390-5555 | | | | |
| Name of Contact Person | at (319) 390-5555 Area Code & Daytime Telephone Number | | | | |
| | | | | | |
| Enclosed is a \$35.00 check made payable to the Depa | artment of State. | | | | |
| Biolina Adduses | Stunet Address | | | | |
| <u>Mailing Address:</u> Amendment Section | Street Address: Amendment Section | | | | |
| Division of Corporations | Division of Corporations | | | | |
| P.O. Box 6327 | Clifton Building | | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | | |
| | Tallahassee, FL 32301 | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch | hange is submitted for a co | rporation organiz | 607.1508, or 617.1508, Flo ed under the laws of the Stat | te of Florida | |
|--|--|---|--|--------------------------|---------------|
| in ord | ler to change its registered | office or registere | ed agent, or both, in the Stat | e of Florida. | |
| 1. The name of | f the corporation: KKN E | <u>Enterprises, l</u> | lnc. | | |
| 2. The principa | al office address: 8 Yacht | Club Place, T | equesta, FL 33469 | | |
| | | | | | |
| • | , , | | ey, Willey, O'Brien, L.C | <u> </u> | |
| | enter Point Rd. N.E., | | , IA <u>52402</u> | | |
| 4. Date of inco | rporation/qualification: | 09/12/11 | Document number: | P11000080388 | |
| | nd street address of the currartment of State: (If resigne | | nt and registered office on fi | le with the | |
| | Kai B. Niemi | | | | |
| | 510 North 24th Ave | . #104 | | <u>.</u> | |
| | Lake Worth, FL 334 | 160 | | | , |
| 6. The name an (if changed): | | registered agent (| if changed) and /or registere | ්ට් ට | EN MOTOR |
| | Kai B. Niemi | | | 72 | |
| | 8 Yacht Club Place | | | A | OF CONFINANCE |
| | | P.O. Box NOT ac | ceptable | න | : بر الراب |
| | Tequesta, FL 33469 |) | | | <u> </u> |
| The street addr as changed will | ess of its registered office I be identical. | and the street ad | dress of the business office | of its registered agent, | |
| Such change wauthorized by t | as authorized by resolution he board, or the corporati | on duly adopted boon has been notif | y its board of directors or b | y an officer so | |
| Con 1 | Hilling - | | Kai B. Niemi, Preside | nt and Treasurer | |
| I hereby accept I further agree of my duties, ar document is be corporation ha | the appointment as regis to comply with the provis and I am familiar with and ing filed merely to reflect s been notified in writing | tered agent and a ions of all statute accept the obliga a change in the r of this change. | Printed or typed name agree to act in this capacity's relative to the proper anation of my position as regisegistered office address, 1) | | |
| f signing on be | chalf of an entity: | | | | |
| T | yped or Printed Name | | | | |

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