## P11000092320

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400242271634

11/30/12--01019--014 \*\*35.00



RAcharge

DEC 3 2012

T. LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: K Wing, Corp.  Name of Corporation
DOCUMENT NUMBER: P11000092320
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:
Nancy Broshears Name of Contact Person
Kickin Wing Firm/Company
12121 Little Rd Ste 283 Address
Hudson, FL 34647  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (727 247-354/ Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Street Address:
Amendment Section Amendment Section  Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Tatianassee, FL 32301

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: K Wing Corp.	
2. The principal	l office address: 12121 Little Road Ste. 283	
	Hudson, FL 34667	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 10/20/2011 Document number: P11000092320	
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Scott Broshears	
	13305 Wagner Dr.	
	Hudson, FL 34667	n
6. The name and (if changed):	Hudson, FL 34667  d street address of the new registered agent (if changed) and /or registered office 200 March 200	
	Law Firm of M. Vincent Pazienza, P.A.	,_
	P.O. Box NOT acceptable  Lutz, FL 33549	
	ress of its registered office and the street address of the business office of its registered agent, I be identical.  vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
	Scott Broshears, President  Printed or typed name and title	
I hereby accept I further agree performance of agent Or if th	of the appointment as registered agen! and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complete  If my duties, and I am familiar with and accept the obligation of my position as registered  his document is being filed merely to reflect a change in the registered office address, I  that the corporation has been notified in writing of this change.	
If signing on be	ghature of Register Agent  ehalf of an entity:	
M. VINC	Typed or Printed Name	

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