

PII 000108814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

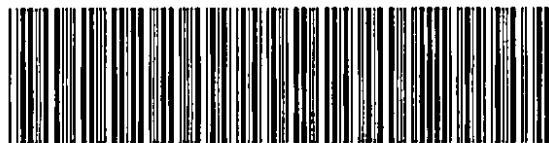
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KTIP, Inc
Name of Corporation

DOCUMENT NUMBER: P11000108814

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:

Robert G Tedeschi

Name of Contact Person

KTIP Inc

Firm/Company

PO Box 551726

Address

Jacksonville, FL 32255

City/State and Zip Code

bobtedeschi@comcast.net

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

For further information concerning this matter, please call:

Bob Tedeschi

Name of Contact Person

at (904) 219-3715

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: KTIP, Inc

2. The principal office address: 3948 3rd Street South #190
Jacksonville, FL 32250

3. The mailing address (if different): PO Box 551726 Jacksonville, FL 32255

4. Date of incorporation/qualification: 12/28/2011 Document number: P11000108814

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)

INCorp SERVICES, INC

17888 37TH COURT NORTH

LOXAHATCHEE, FL 33470

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

Robert G Tedeschi

8676 Ethans Glen Terrace

P.O Box NOT acceptable

Jacksonville, FL 32256

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.

Her M. Besch
Signature of an officer or director

Robert G Tedeschi VP

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.

Dr. M. Lesch
Signature of Registered Agent

1/13/2020

Date _____

If signing on behalf of an entity:

Typed or Printed Name

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

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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