Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: URS AGENTS LLC

Account Number : 120150000127

Phone

: (800)567-4397

Fax Number

: (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: zekiakdemir@gmail.com

REGISTERED AGENT CHANGE KAY-ZER INC.

Certificate of Status	0
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DEC 1 5 2017

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COVER LETTER

TO:	Amendment Section				
	Division of Corporations				

SUBJECT: KAY-ZER INC.

Name of Corporation

P13000004544

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:

ZEKI AKDEMIR

Name of Contact Person

KAY-ZER INC.

Firm/Company

185 NABB RD

Address

TALLAHASSEE, FL 32317

City/State and Zip Code

zekiakdemir@gmail.com

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

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at 600

Name of Contact Person

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 Tailahassee, FL 32301

CR2E045 (03/12)

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

	rovisions of sections 607.0502, 617.05			ile	
	ge is submitted for a corporation orga to change its registered office or regis				
1. The name of th	te corporation: KAY-ZER INC.	_			
2. The principal of	office address: 185 NABB RD 17	<u> </u>	. 02017		
3. The mailing ac	Idress (if different):			· ·	
4. Date of incorp	oration/qualification: 01/14/2013	Document number	r: P1300000454	14	
	street address of the current registered ment of State: (If resigned, enter resign		ce on file with the		
	NUH DAG		V [±] ₹0	28	
	185 NABB RD			30 11	
	TALLAHASSEE, FL 32317			11 3	FILED
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or r	registered office	2017 DEC 14 AN 9:1	Ö
	URS AGENTS, LLC			<u> </u>	
	3458 LAKESHORE DRIVE			w	
	TALLAHASSEE, FL 32312	OT acceptable			
The street addre	ss of its registered office and the stree	et address of the business	s office of its register	ed agent,	
Such change was authorized by the	s authorized by resolution duly adopt to board, or the corporation has been	_ 4 4	ors or by an officer so		
Signatu	re of an officer or director	20th: Aledon	bed bettle and ritte	<u>~</u>	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered agent of to comply with the provisions of all st my dulies, and I am familiar with and is document is being filed merely to re that the corporation has been notified	and agree to act in this c atutes relative to the pro I accept the obligation o affect a change in the re I in writing of this chang	apacity per and complete f my position as regis gistered office addres e.	tered s, I	
₹ .₹	2		14/2017		
·	nature of Registered Agent		Date		
	half of an entity:				
	shop, Assistant Secretary pped 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 (03/12)