P13000033762

(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
	10 · 17: 10				
(Ci	ty/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Name)				
	<u></u>				
(Do	ocument Number)				
Certified Copies	_ Certificates of	Status			
Special Instructions to Filing Officer					





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2024 DEC 26 PH W 08
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Amendment Section

TO:

SUBJECT: Karkidon, INC	
Name of Corporation	
DOCUMENT NUMBER: P13000033762	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the f	following:
Darya Yablonskaya	2024 DEC 26 SECRETAR STALLAR
Name of Contact Person	
Karkidon, INC	FRET ES
Firm/Company	26
88 SW 7th ST apt 3904	
Address	
Miami, FL 33130	PH 4: 08
City/State and Zip Code	
darina_den@hotmail.com	
E-mail address: (to be used for future annual report notific	cation)
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

Name of Contact Person

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

at (339)204-8244 Area Code & Daytime Telephone Number

CR2E045 (04:13)

Darya Yablonskaya

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

statement of cha	provisions of sections 607.6 nge is submitted for a corp	oration organiz	zed under the laws of th	e State of <u>F</u>	lorida	his	
	r to change its registered of	_	ed agent, or both, in th	e State of F	lorida.		
1. The name of t	he corporation: Karkidon, E	NC					
2. The principal	office address: 88 SW 7th S	T apt 3904 Miai	ni, FL 33130	***	<u> </u>		
	ddress (if different):						
4. Date of incorp	of incorporation/qualification: 10/11/2024 Document number: P130000.						
5. The name and	street address of the currer tment of State: (If resigned	nt registered ag	ent and registered offic				
	Darya Yablonskaya						
3205 NE 184th ST apt 9304 Aventura, FL 33160			-iE	202			
					CRET	2024 DEC 2	155
6. The name and (if changed):	street address of the new r	egistered agent	(if changed) and /or re	gistered offi	ARY OF	e Pi	1 m
	Darya Yablonskaya			 	. 고등	4: () 8	•
	88 SW 7th ST apt 3904 Mia	ımi, FL 33130			, 5;	œ	
		P.O. Box	NOT acceptable				
The street addre	ss of its registered office a	and the street a	ddress of the business	office of its	s registe	red ag	ent.
Such change wa authorized by th	s authorized by resolution e board, or the corporation	duly adopted has been noti	by its board of director fied in writing of the o	rs or by an change.	officer s	0	
9	The -		Darya Yablonskaya				
	e defin officer or director			ed name and hi	ie	•	_
I further agree t of my duties, an document is bei	the appointment as registe o comply with the provision of I am familiar with and a ny filed merely to reflect a been notified in writing o	ons of all statu ccept the oblig change in the	tes relative to the prop lation of my position a	er and com s registered	plete pe l agent y confiri	rforme Or. if m thát	ince this the
9	Dels /		Darya Yablonskaya	12/20/2024			
Sign	nature of Registered Agent		D	Date			_
If signing on bel	half of an entity:						
Darya Ya	nblonskaya						
T	ped or Printed Name						

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