

P13000049823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 02 2014

R. WHITE

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14 APR 25 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Name Change Request

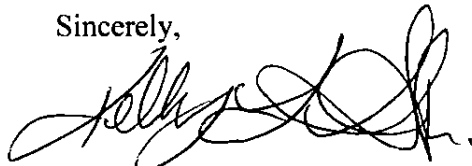
I would like to inform you of my recent marriage and related name change. Please update the records with my new married name. I would appreciate if you would send me verification of the changes made at my request.

Name of Corporation:	K Squared Group Inc
Document Number:	P13000049823
Current Agent/Officer Name: Kelly Kemp 3814 W San Pedro St Tampa, FL 33629 813-704-0230	New Agent/Officer Name: Kelly Smith 3814 W San Pedro St Tampa, FL 33629 813-704-0230

I have included a copy of my marriage certificate as legal proof of my name change. If you have any questions about the requested changes you can contact me with the above address or phone number.

Thank you for your prompt attention to my request.

Sincerely,



Kelly Smith

Enclosures:

Marriage Certificate (copy)
Form CR2E045
\$35.00 Check

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: K SQUARED GROUP INC
Name of Corporation

DOCUMENT NUMBER: P13000049823

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:

KELLY SMITH
Name of Contact Person

K SQUARED GROUP
Firm/Company

3814 W. SAN PEDRO ST
Address

TAMPA, FL 33629
City/State and Zip Code

KELLY@K-SQUAREDMARKETING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELLY SMITH at (813) 704-0230
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: K SQUARED GROUP INC
2. The principal office address: 3814 W SAN PEDRO ST
TAMPA FLORIDA 33629
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 6/7/2013 Document number: P13000049823
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)

KELLY KEMP
3814 W SAN PEDRO ST
TAMPA FL 33629

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

KELLY SMITH
3814 W. SAN PEDRO ST
TAMPA FL 33629

P.O. Box NOT acceptable

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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.

[Signature]
Signature of an officer or director

KELLY SMITH
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.

[Signature]
Signature of Registered Agent

4/22/2014
Date

If signing on behalf of an entity:

Typed or Printed Name

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