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R. WHITE

COVER LETTER

Division of Corporations
SUBJECT: KB Technologies Inc. Name of Corporation
DOCUMENT NUMBER: P13000086362
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:
Ketan Doshi Name of Contact Person KB Technologies Inc. Firm/Company 44 Meadow Farm Road Address New Hyde Park New York 110040 City/State and Zip Code documents@incorp.com
documents@incorp.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ketan Doshi at (516) 666-4146 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

i. The name of	the corporation: KB Technologies	Inc.
2. The principal	office address: 8433 Southside B	oulevard #415, Jacksonville, FL 33256
3. The mailing address (if different):		
L. Date of incor	poration/qualification: 10/21/2013	Document number: P13000086362
	d street address of the current registere rtment of State: (If resigned, enter resigned)	ed agent and registered office on file with the gned)
	DOSHI, KETAN	
	8433 Southside Boulevard #4	15 AUS 7 ALIANASSI
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
if changed):	InCorp Services, Inc.	agent (if changed) and /or registered office
	17888 67th Court North	NOT acceptable
	Loxahatchee, FL 33470	
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its registered agent
Such change wa	is authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
idinorized by in	O4)	
K83	re of an officer or director	Ketan Dosh - PROSIDENT Printed or typed name and title
Signature Signat	the appointment as registered agent to comply with the provisions of all st	Printed or typed name and title and agree to act in this capacity. tatutes relative to the proper and complete d accept the obligation of my position as registered effect a change in the registered office address. I

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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

Typed or Printed Name