

PH 0000 27734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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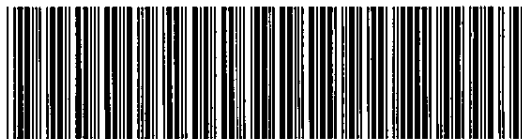
(Business Entity Name)

(Document Number)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KISH CREATIVE, INC.
Name of Corporation

DOCUMENT NUMBER: P14 000027734

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:

GRETCHEN SERRANO
Name of Contact Person

PAW PALETTES, INC
Firm/Company

5217 SW 11th AVE
Address

CAPE CORAL, FL 33914
City/State and Zip Code

gretchen@pawpalettes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRETCHEN SERRANO at (239) 223-0145
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KISH CREATIVE, INC.
2. The principal office address: 5217 SW 11th AVE CAPE CORAL, FL
33914
3. The mailing address (if different): _____

4. Date of incorporation/qualification: MARCH 27, 2014 Document number: P14000027734

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)

BIZ FILINGS
8040 EXCELSIOR DR, Ste 200
MADISON, WI 53717

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

GRETCHEN SERRANO
5217 SW 11th AVE
P.O. Box NOT acceptable
CAPE CORAL, FL 33914

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Gretchen Serrano
Signature of an officer or director

GRETCHEN SERRANO, President
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.

Gretchen Serrano
Signature of Registered Agent

6/23/2015
Date

If signing on behalf of an entity:

GRETCHEN SERRANO
Typed or Printed Name

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