P140000 71420

(Requestor's Name)		
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	+ #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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PATRO Change

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GaryKat Enterprise Inc

Name of Corporation

P14000071420

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:

Name of Contact Person

GaryKat Enterprise, Inc

Firm/Company

2490 NW 87th Ln

Address

Sunrise, FL 33322

City/State and Zip Code

katkienzle@gmail.com

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

For further information concerning this matter, please call:

Kathy Kienzle _{at (}95

004-0252

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 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statu 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 Statu in order to change its registered office or registered agent, or both, in the State of Florida Statu in order to change its registered office or registered agent, or both, in the State of Florida Statu	da	
1. The name of the corporation: GaryKat Enterprise Inc		
2. The principal office address: 2490 NW 87th Ln, Sunrise, FL 33322		
3. The mailing address (if different): 2490 NW 87th Ln, Sunrise, FL 33322		
4. Date of incorporation/qualification: 8/27/2014 Document number: P140000	71420	
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)	ne	
Kathy Kienzle		
18901 SW 59th St		
Southwest Ranches, FL 33332	14 OCT 23 PM 12: 03	SEC
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		PETARY AHASSI
Kathy Kienzle		EE, FO
2490 NW 87th Ln		S TAT LORI
P.O. Box NOT acceptable	ယ	DE.
Sunrise, Florida 33322		
The street address of its registered office and the street address of the business office of its regas changed will be identical.	gistered ag	gent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, of the corporation has been notified in writing of the change.		
Kathy Kienzle, president Signature of an officer or director Printed or typed name and title		
Signature of an officer or director 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 complet performance of my duties, and I am familiar with and accept the obligation of my position as a agent. Or, if this document is being filed merely to reflect a change in the registered office adhereby confirm that the corporation has been notified in writing of this change.	e registered !dress, I	i
10/20/2014		
Signature of Registered Agent Date		_
If signing on behalf of an entity:		
Typed 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