

P14000071690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECURITY DIVISION
TALLAHASSEE, FLORIDA

RA/RO/chg

NOV 30 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **KATE REAL ESTATE INC**
Name of Corporation

DOCUMENT NUMBER: **P14000077690**

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:

MARIA C. SIERRA

Name of Contact Person

METROPOLITAN PROPERTY MANAGEMENT

Firm/Company

1000 5TH STREET STE 200 BOXA411

Address

MIAMI BEACH FL 33139

City/State and Zip Code

cs@metropolitan-management.com

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

For further information concerning this matter, please call:

MARIA C. SIERRA

Name of Contact Person

786 680-8822

at () 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2017

MARIA C. SIERRA
METROPOLITAN PROPERTY MANAGEMENT
1000 5TH STREET - STE. 200 BOX A411
MIAMI BEACH, FL 33139

SUBJECT: KATE REAL ESTATE INC.
Ref. Number: P14000077690

We have received your document for KATE REAL ESTATE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 117A00019304

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17 NOV 30 PM 1:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Kate Real Estate Inc
2. The principal office address: 3370 MARY STREET MIAMI, FL 33133
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/19/14 Document number: P14000077690

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)

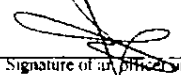
RGPA REGISTERED AGENT CORP
3370 MARY STREET MIAMI, FL 33133

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

Maria C. Sierra
1000 5th Street Ste 200 Box A411
P.O. Box NOT acceptable
Miami Beach FL 33139

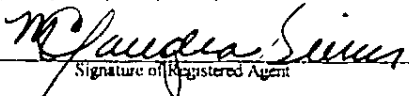
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

FEDERICO SPADONI, PVST
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 of Registered Agent

11/27/2017
Date

If signing on behalf of an entity:

MARIA C. SIERRA
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
CR2E045 (03/12)

FILED
2017 NOV 30 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA