

P15000026606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JANUARY 16, 2016

*11/16/15*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: K & L Professional Services, Inc.  
Name of Corporation

DOCUMENT NUMBER: P15000026606

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:

Giorgelina Rapizza

Name of Contact Person

K & L Professional Services, Inc  
Firm/Company

6517 SW 132 CT Circle

Address

Miami FL 33183

City/State and Zip Code

rapizzagiorgelina@yahoo.com

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

For further information concerning this matter, please call:

Giorgelina Rapizza

Name of Contact Person

at (305) 910-7119

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: K&L Professional Services, Inc.  
2. The principal office address: 6517 SW 132 CT Circle  
Miami FL 33183  
3. The mailing address (if different): N/A  
4. Date of incorporation/qualification: 3/20/2015 Document number: P15 000026606

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)

Giorgelina Rapizza  
13840 SW Kendall Lakes Drive  
Miami FL 33183

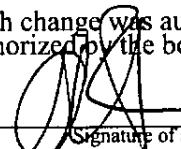
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Giraldina Rapizza  
6517 SW 132 CT Circle  
Miami FL 33183  
P.O. Box NOT acceptable

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

Giorgelina Rapizza  
\_\_\_\_\_  
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.*

x-   
\_\_\_\_\_  
Signature of Registered Agent

11-4-2015  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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