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COVER LETTER

Amendment Section **Division of Corporations** Kappa WY, Inc. Name of Corporation P15000026647 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:

Patrick J. Kerrigan

Name of Contact Person

Kappa WY, Inc.

Firm/Company

110 St Eustacius Lane

Address

Barefoot Beach, FL 34134

City/State and Zip Code

pjkerrigan@comcast.net

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

For further information concerning this matter, please call:

Patrick J. Kerrigan

Area Code & Daytime Telephone Number Name of Contact Person

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

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Street Address:

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Status on organized under the laws of the State of Florid or registered agent, or both, in the State of Florid	ia
	the corporation: Kappa WY,		
2. The principal	office address: 110 St Eusta	acius Lane, Barefoot Beach, FL 34	134
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: March	23, 2015 Document number: P1500002	26647
	I street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	ne
	CAPITAL CORPORAT	E SERVICES, INC.	
	155 OFFICE PLAZA D	RIVE, SUITE A	
	TALLAHASSEE, FL 32	301	16 AF
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered office	APR II I
	Patrick J. Kerrigan		7 A 0
	110 St Eustacius Lane		: 30
	Barefoot Beach, FL 34	Box NOT acceptable 134	**
The street addre	ess of its registered office and th be identical.	e street address of the business office of its reg	istered agent,
		adopted by its board of directors or by an offic been notified in writing of the change.	
Signature of a florification of director Printed or typed name and title			
performance of agent. Or, if the	my duties, and I am familiar wi is document is being filed merel	igent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as r y to reflect a change in the registered office add otified in writing of this change.	registered
Satric	Kfruigan	April 7, 2016	
-	nating of Registered Agent	Date	
T	yped or Printed Name	-	

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