P15000035890

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COVER LETTER

TO: Amendment Section,

Division of Corporations

SUBJECT. HK Ventures, Inc.

Name of Corporation

DOCHMENT NUMBER

P15000035890

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:

Benjamin Keller

Name of Contact Person

HK Ventures, Inc.

Firm/Company

2846 Grasslands Dr.

Address

Lakeland, FL 33803

City/State and Zip Code

ben@daydreamsdayspa.com

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

For further information concerning this matter, please call:

Benjamin Keller

,614 \390-80

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2015

BENJAMIN KELLER 2846 GRASSLANDS DR LAKELAND, FL 33803

SUBJECT: HK VENTURES, INC. Ref. Number: P15000035890

We have received your document for HK VENTURES, 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.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 815A00023282

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

statement of ch	e provisions of sections 607.0502, 617:0502, ange is submitted for a corporation organiz er to change its registered office or register	• • • • • • • • • • • • • • • • • • • •
	the corporation: HK Ventures, Inc.	,
2. The principal	office address: 2846 Grasslands D	r, Lakeland, Fl 33803
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: 4/20/2015	Document number: P15000035890
	nd street address of the current registered ago artment of State: (If resigned, enter resigned)	
	215 10th Ave. S	
	Unit 221	2815 H
	Minneapolis, MN 55415	0 7
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office
	2846 Grasslands Dr	The state of the s
	Lakeland, FL 33803	
	P.O. Box NOT ac	ceptable
_		dress of the business office of its registered agent,
Such change wanthorized by t	as authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors or by an officer so ied in writing of the change.
		Benjamin Keller, President
I hereby accept I further agree performance of	ure of an officer or director t the appointment as registered agent and to comply with the provisions of all statute of my duties, and I am familiar with and account is being filed merely to reflect that the corporation has been notified in the corporation has been not	Printed of typed name and title agree to act in this capacity. es relative to the proper and complete espet the obligation of my position as registered t a change in the registered office address, I writing of this change.
Sign	gnature of Registered Agent	Date
If signing on be	ehalf of an entity:	
Т	Typed or Printed Name	

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