P150000 89144

(Requestor's Name)					
`	,				
(Ac	(Address)				
(Ac	ddress)				
	ity/State/Zip/Phone	2 #1			
(0)	kyrotatorzipii none	<i>- ",</i>			
PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Nar	ne)			
(D	ocument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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2020 Jun - 8 PK 3: 08

COVER LETTER

TO:

TO:	Amendment Section Division of Corporations		
SUBJ	IECT: Kaycee Humphrey, Inc.		
Name	of Corporation		
DOC	UMENT NUMBER: P15000089144		
The e	nclosed Statement of Change of Registered	d Office/Agent and fee	are submitted for filing.
Please	e return all correspondence concerning this	matter to the following	ng:
-	ee Humphrey		
	of Contact Person		
	ee Humphrey, Inc.		
Firm/	Company		
1055	Green Gate Blvd.		
Addre	ess		
Grove	eland. FL 34736		
City/S	State and Zip Code		
	khumphreyappraisals@gmail	.com	
E-ma	ul address: (to be used for future annua	l report notification)	··
For fu	urther information concerning this matter, p	please call:	
Denis	e Calderon	at (⁴⁰⁷) 559-1047 de & Daytime Telephone Number
	Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Address Amendment S	
	Concuention Cochen	Antichantent	CCHOH

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

in orde	er to change its registered office or regi	anized under the laws of the State of Florida stered agent, or both, in the State of Florida.	
1. The name of	the corporation: Kaycee Humphrey, Inc.		
2. The principal	office address: 1055 Green Gate Blvd. C	iroveland, FL 34736	
3. The mailing a	nddress (if different): PO BOX 1566 Mir	nneola, FL 34755	
4. Date of incor	poration/qualification: 10292015	Document number: P1500089144	
	d street address of the current registered rtment of State: (If resigned, enter resigned)	I agent and registered office on file with the med)	
	Cashwell Accounting Inc		
	953 10th Street		. .
	Clermont, FL 34711		2791, rr
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	ය
	Kaycee Humphrey		PH
	1055 Green Gate Blvd.		မှ က
	PO	Box NOT acceptable	ာ
	Groveland, FL 34736		
The street addr as changed wil	ess of its registered office and the stre I be identical.	et address of the business office of its regist	tered agent,
Such change wauthorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer notified in writing of the change.	· so
Kaycee,	Rae Humphrey	Kaycee Humphrey PRESIDENT	
Signati	ure of an officer or director	Printed or typed name and fiffe	
I further agree of my duties, at document is be	t the appointment as registered agent to comply with the provisions of all st nd I am familiar with and accept the o ing filed merely to reflect a change in is been notified in writing of this chang	tatutes relative to the proper and complete p obligation of my position as registered agent the registered office address. I hereby conf	performance t. Or if this irm that the
Kayce	a Ras Humphrey gnature of Registered Agent	May 20, 2020	
	ehalf 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