## P16000067871

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## COVER-LETTER Amendment Section TO: **Division of Corporations** SUBJECT: KAPPA HOLDINGS, INC. Name of Corporation DOCUMENT NUMBER: P16000067871 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: WAYNE ISAACSON Name of Contact Person KAPPA HOLDINGS, INC. Firm/Company 12900 TERABELLA WAY Address FORT MYERS, FL. 33912 City/State and Zip Code MASYDON@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WAYNE ISAACSON at (239 ) 940-6463 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

Name of Contact Person

Amendment Section **Division of Corporations** 

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:  2. The principal office address:  12900 TERABELLA WAY FORT MYERS, FLORIDA 33912  3. The mailing address (if different):  4. Date of incorporation/qualification:  08/16/2016 Document number:  P16000067871  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)  ISAACSON, WAYNE  13100 LINTON ROAD  FORT MYERS, FL 33908  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  ISAACSON, WAYNE  12900 TERABELLA WAY  P.O. Box NOT acceptable	statement of cha	provisions of sections 607.0502, 617.0502  ange is submitted for a corporation organization of the comments of	zed under the laws of the State o	f FLORIDA
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(if changed):  ISAACSON, WAYNE  12900 TERABELLA WAY		FORT MYERS, FL 33908		23 NO
12900 TERABELLA WAY		street address of the new registered agent	(if changed) and /or registered	office
12900 TERABELLA WAY		ISAACSON, WAYNE		
P.O. Box NOT acceptable	,	12900 TERABELLA WAY		. 32
	P.O. Box NOT acceptable			<del></del> 3+
FORT MYERS, FL. 33912		FORT MYERS, FL. 33912		<del></del>
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	The street addre as changed will	ess of its registered office and the street a be identical.	ddress of the business office of	f its registered agent.
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.	Such change wa authorized by th	is authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by a fied in writing of the change.	an officer so
/ Lywe / Lacres Wayne ISAACSON / President	1/ KINC	- Newest	WAYNE ISAACSON / Presider	nt
Signature of an officer or director Printed or typed name and title	O i		•	d 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.	I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. les relative to the proper and c ation of my position as registe registered office address, I he	omplete performance red agent. Or, if this reby confirm that the
Colober 30, 2023	( LEON	Maache	October 30, 2023	
Signature of Registered Agent Date	Sign	nature of Registered Agent	Date	
If signing on behalf of an entity:	If signing on bel	half of an entity:		
Typed or Printed Name	Tv	yped or Printed Name		

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

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