

P/60000 75329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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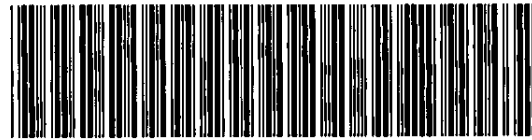
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: KONTROL PRODUCTIONS INC  
Name of Corporation

DOCUMENT NUMBER: P16000075329

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:

MARIELA MASTRANGELO  
Name of Contact Person

KONTROL PRODUCTIONS INC  
Firm/Company

15400 SW 34<sup>th</sup> St.  
Address

MIAMI FL 33185  
City/State and Zip Code

MARIELA@KONTROLPRODUCTIONS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIELA MASTRANGELO at (305) 318-7709  
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

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KONTROL PRODUCTIONS, INC  
2. The principal office address: 15400 SW 34<sup>th</sup> St.  
MIAMI, FL 33185  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9-7-2016 Document number: P16 0000 75329

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)

MARIELA MASTRANGELO  
11613 NW 51 LANE  
MIAMI, FL 33178

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

MARIELA MASTRANGELO  
15400 SW 34<sup>th</sup> St.  
MIAMI, FL 33185

P.O. Box NOT acceptable

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]  
Signature of an officer or director

MARIELA MASTRANGELO PRESIDENT  
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.

[Signature]  
Signature of Registered Agent

10-28-16  
Date

If signing on behalf 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