P16000089815

(Requestor's Name)	.
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	:

Office Use Only



000302871300

08/25/17--01019--005 **35.00



AUG 3 0 2017 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: KYLE LI PA Name of Corporation
DOCUMENT NUMBER: \$ 16000089815
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:
KYLE LI Name of Contact Person
Name of Contact Person
KYLE LI PA Firm/Company
P.o. Box 1302 Address
Address
WINDERMERE FL 34786 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407) 808-9080 Area Code & Daytime Telephone Number
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

CR2E045 (03/12)

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 FLoRTS A
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: KYCE LI PA
2. The principal office address: 7744 RILBY STREET
WINDERMERE, FL. 34786
3. The mailing address (if different): Po Box 13/12
WINDERMERE FL 34786
4. Date of incorporation/qualification: ///7//6 Document number: P16000089815
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)
KYLE LI
WINDERMERS, FL 34786
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
KYLE LI
+ 7744 RILBY ST P.O. Box NOT acceptable
P.O. Box NOT acceptable
WINDERMENE, FL 34786
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.
× ryledi KYLE LI PRESIDENT
(Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete verformance 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 wereby confirm that the corporation has been notified in writing of this change.
$1 - k \cdot D$:
★ KYULL 08/05/2017 Signature of Registered Agent Date
f signing on behalf of an entity:
KYLE LI Typed or Printed Name
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

CR2E045 (03/12)