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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

REGISTERED AGENT CHANGE
KALEIDACUTS INC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$35.00

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FEB 21 2019

R/A C H

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KALEIDACUTS INC

Name of Corporation

DOCUMENT NUMBER: P17000003350

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:

Sydney Porter

Name of Contact Person

KALEIDACUTS INC

Firm/Company

7901 4th St N STE 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

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

For further information concerning this matter, please call:

Sydney Porter

Name of Contact Person

at (307) 200-2803

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

1. The name of the corporation: KALEIDACUTS INC
2. The principal office address: 2408 OAK TREE CT
PANAMA CITY, FL 32404
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/09/2017 Document number: P17000003350

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)

LEGALINC CORPORATE SERVICES, INC.

5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS, FL 33907

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

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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.

Anthony Allen

Signature of an officer or director

Anthony Allen

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.

Bill Havre

Signature of Registered Agent

02/14/2019

Date

If signing on behalf of an entity:

Bill Havre

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)

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19 FEB 20 AM 0:23
TALLAHASSEE, FL
DIVISION OF CORPORATIONS