## P17000049818

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SECKLIANT OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations
SUBJECT: Lindress to Up to the, the
DOCUMENT NUMBER:P17000049818
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:
Tamara Chase Name of Contact Person  Kindness IS Up to the Inc.  Firm/Company
M Little Harbor Way
Der Fell Beach FL 33441 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  The aca Chase at (454) 401 7680  Name of Contact Person at (454) 401 7680  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

TO:

Amendment Section

## 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 ofFlorida			
in order	to change its regist	ered office or registered agent, or both, in the State of Florida.	
1. The name of the	he corporation:	KINDNESS IS UP TO ME, INC.	
2. The principal	office address:		
		14 Little Harbor Way Deerfield Beach FL 33441	
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification	: 6/7/17 Document number: P17000049818	
		current registered agent and registered office on file with the signed, enter resigned)	
	1200 SOUT	TCES, INC.  1 PINE ISLAND ROAD  7, FL 33324	
6. The name and (if changed):	Street address of the	new registered agent (if changed) and /or registered offices: 5 PM 4.3	
T1		P.O. Rox NOT acceptable Harbor Way Deerfield Beach FL 33441	
as changed will	ss of its registered of be identical.	ffice and the street address of the business office of its registered agent,	
Such change was authorized by the	s authorized by reso e board, or the corp	lution duly adopted by its board of directors or by an officer so oration has been notified in writing of the change.	
Signatur	at a lique e of an officer or director	Tamara Chase Printed or typed name and title	
l further agrée to performance of i	o comply with the p my duties, and I am	registered agent and agree to act in this capacity. Povisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address. I has been notified in writing of this change.	
- Ju	nata Clase	6/28/2018	
Sign	ature of Registered Agent	Date	
If signing on bel	· ·		
	mana Chase  ped or Printed Name		
.,	F		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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