P19000043606

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•COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: KEJEM INC. Name of Corporation
DOCUMENT NUMBER: P19000043606
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:
John Kordsmeier
Name of Contact Person KEJEM Inc.
Firm/Company
6 Belleview Blvd. Unit #108
Address
Belleair, FL 33756
City/State and Zip Code
john.kordsmeier61@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Kordsmeier at (727)515-0248 Name of Contact Person 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

statement of cha	inge is submitted for a corp)502, 617.0502, 607.1508, or 617.1508, Florida oration organized under the laws of the State of flice or registered agent, or both, in the State of	Florida	
1. The name of	he corporation: KEJEM	INC.		
2. The principal	office address: 6 Bellevi FL 33756	ew Blvd. Unit #108		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: Ma	y 17, 2019 Document number: P190	00043606	
	I street address of the currer tment of State: (If resigned,	nt registered agent and registered office on file v , enter resigned)	vith the	
	108 Belleview Blvd	I, Unit #108	_	
	Belleair, FL 33756			
6. The name and (if changed):	6 Belleview Blvd. L Belleair, FL 33756	egistered agent (if changed) and /or registered o Unit #108 P.O Box NOT acceptable	SECRETARY OF STATE TALLAHASSEE, FL	
The street addre as changed will	ess of its registered office a be identical.	nd the street address of the business office of i	ts registered ager	ıt.
Such change wa authorized by th	s authorized by resolution se board, or the corporation	duly adopted by its board of directors or by an has been notified in writing of the change.	officer so	
John Kongratu	John Kordsmeier, President Printed or typed name and title			
I further agree i performance of agent. Or, if the	o comply with the provision my duties, and I am familia is document is being filed n	red agent and agree to act in this capacity. ns of all statutes relative to the proper and cor ar with and accept the obligation of my positio nerely to reflect a change in the registered offi een notified in writing of this change.	n as revistered	
John K	ordner	5/30/2019		
	nature of Registered Agent half of an entity:	Date		
John Kords	•			
	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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