

P19000073636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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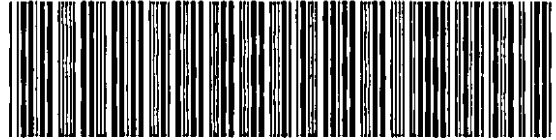
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Kitchen Design Solutions of The Palm Beaches Inc.
Name of Corporation

DOCUMENT NUMBER: P19000073636

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:

Richard Wikle

Name of Contact Person

Kitchen Design Solutions of The Palm Beaches Inc.

Firm/Company

9023 Pitrezza Drive

Address

Lake Worth, FL 33467

City/State and Zip Code

abadesigns@live.com

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

For further information concerning this matter, please call:

Richard Wikle

Name of Contact Person

at (561) 441-5384

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: Kitchen Design Solutions Of The Palm Beaches Inc.
2. The principal office address: 9023 Pitrezza Drive Lake Worth FL 33467
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: September 26, 2019 Document number: P19000073636
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)

Business Filings Incorporated

1200 South Pine Island Road

Plantation, Florida 33324

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

Richard Wikle

9023 Pitrezza Drive

P.O. Box NOT acceptable

Lake Worth, FL 33467

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 of an officer or director

Richard Wikle, 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 of Registered Agent

10-9-20
Date

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: DEPARTMENT OF CORRECTIONS, P.O. BOX 1325, TALLAHASSEE, FL 32314