(Requestor's Name) (Address)	
(Address)	40039635
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	10/20/2201022-
Certified Copies Certificates of Status	
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JAN 1 8 2023	

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COVER LETTER

TO:	Amendment Section
	Division of Corporations
SUBJI Name	ECT: 3 K Development & Realization Inc of Corporation
DOCU	JMENT NUMBER: P22000039488
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Sebasti	an Dill
Name	of Contact Person
MERC.	ATORZ LP
Firm/C	Company
3250 N	E 1st Ave STE 305
Addres	ss
Miami.	F1. 33137
City/St	ate and Zip Code
	info@mercatorzusa.com
E-mail	address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Cabacti	an Dill at (786) 435-0012 Name of Contact Person Area Code & Daytime Telephone Number
Schasni	

Street Address: Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.
	the corporation: 3 K Development & R	
	l office address: 3250 NE 1st Ave STE	
3. The mailing a	address (if different):	
4. Date of incon	poration/qualification: 05/05/2022	Document number: P22000039488
5. The name and Florida Depart	d street address of the current register artment of State: (If resigned, enter resi	ed agent and registered office on file with the
	Christiane Naumann	
	12245 NE 12th Place	
	North Miami, FL 33161	
6. The name and (if changed):	d street address of the new registered a	ngent (if changed) and /or registered office
	Christiane Naumann	
	7612 Pasa Dobles Ct	
	P.O. Tampa, FL 33615	Box NOT acceptable
The street addre	ess of its registered office and the stre	eet address of the business office of its registered agent
_		oted by its board of directors or by an officer so notified in writing of the change.
ضر.		Jochen Koller - President
•	re of an officer or director	Printed or typed name and title
t hereby accept I further agree to of my duties, and tocument is bein corporation has	the appointment as registered agent to comply with the provisions of all s all I am familiar with and accept the a light and accept the a light and accept the a light and accept to reflect a change in s been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and complete performanc phligation of my position as registered agent. Or, if thi the registered office address. I hereby confirm that the ge.
/// -		09/24/2022
_	nature of Registered Agent	Date
i signing on bel	half of an entity:	
ry	ped or Printed Name	

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