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City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Corporation Name)	
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NEW FILINGS	AMENDMENTS
☐ Profit	☐ Amendment —
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
☐ Domestication Other	☐ Dissolution/Withdrawal ☐ ☐ ☐
- Other	□ Merger □ S
OTHER FILINGS	REGISTRATION/QUALIFICATION S
Annual Report Fictitious Name	Foreign Portroubling
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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, the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
1. The name of the corporation: KENNA FINANCIAL CORPORATION
2. The mailing address of the corporation: 712 SW 42 AVE PLANTATION FL 53717
3. Date of incorporation/qualification: 8 APR 96 Document number: P96000031886
4. The name and address of the current registered agent and office:
- GABHAN A. KENNA
- 712 SW 42 AVE - 5 T
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
GABHANA, KENNA
_ 6919 W. BROWARD BLUP # 250 =
- PLANTATION FL 33317
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.
(Signature of an officer, chairman or vice chairman of the board)
(Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2P045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314