P900003451A

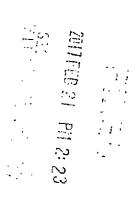
(Ře	equestor's Name)	
(Ac	dress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



500295780805

62/21/17--61006--007 **55.00



RAIROlch8

FEB 22 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Kirschner Manufacturing, Inc.

Name of Corporation

P96000034569

DOCUMENT NUMBER:

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:

Don Kirschner

Name of Contact Person

Kirschner Manufacturing, Inc.

Firm/Company

17604 Highway 41 North, Unit 7

Address

Lutz, FL 33549

City/State and Zip Code

Donk1515@tampabay.rr.com

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

For further information concerning this matter, please call:

Don Kirschner

,813

9482337

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Kirschner Manufacturing, Inc. office address: 17604 Highway 41 North, Unit 7
Lutz, FL	
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 4/19/1996 Document number: P96000034569
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Amerilawyer Chartered
	343 Almeria Avenue
	Coral Gables, FL 33134
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Susan Kirschner 18421 Storling Silver Circle
	18421 Sterling Silver Circle
	P.O. Box NOT acceptable Lutz, FL 33549
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatu	DUN KIRSCHNER PRESIDENT Printed or typed flame and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
5	nature of Registered Agent Date
	half of an entity:
- т	yped or Printed Name

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