P96000049895

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2021 MAR 15 AM II: 03 SECRETARY OF STATE

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Kim Ken Developments, Inc. Name of Corporation				
Traine or corporation				
DOCUMENT NUMBER: P96000049895				
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:				
Kimberley Laurice Mitchell				
Name of Contact Person				
Kim Ken Developments, Inc.				
Firm/Company				
501 Fairvilla Road				
Address				
Orlando, Florida 32808				
City/State and Zip Code				
mitchellsfuneralhone@yahoo.com				
E-mail address: (to be used for future annual report notification)				
- · · · · · · · · · · · · · · · · · · ·				
For further information concerning this matter, please	call:			
Kimberley Laurice Mitchell	at (407)298-0703 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.			
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0302, 617.0302, 6 inge is submitted for a corporation organized er to change its registered office or registered	under the laws of the State of Florida	, <i>this</i>
I. The name of	the corporation: Kim Ken Developments, Inc. office address: 501 Fairvilla Road, Orlando, Fl		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: June 10, 1996	Document number: P96000049895	
5. The name and	d street address of the current registered agent rtment of State: (If resigned, enter resigned)	<u> </u>	2021 HAR
	MOORE, MICHAEL L. ESQ	AH N	75 F
	1007 Culdon Only Court	NSSE S	-
	ORLANDO, FL 32806		AHII: O4
6. The name and (if changed):	d street address of the new registered agent (i	f changed) and /or registered office	વં #*
	Kimberley Laurice Mitchell		
	501 Fairvilla Road		
	P.O. Box NO	l'acceptable	
	Orlando, Florida 32808		
The street address changed will	ess of its registered office and the street add l be identical.	ress of the business office of its regist	ered agent.
Such change wanthorized by the	as authorized by resolution duly adopted by he board, of the corporation has been notific	its board of directors or by an officer ed in writing of the change.	SO
	1	resident/Owner	
	ute of an officer of director\(\sigma\) t the appointment as registered agent and ag	Printed or typed name and title	
I herein accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and as to comply with the provisions of all statutes and I am familiar with and accept the obligating filed merely to reflect a change in the rest beary totified in writing of this change.	relative to the proper and complete p ion of my position as registered agent gistered office address, I hereby confi	erformance Or, if this rm that the
X'	N.	farch 8, 2021	
Sip	chature of Registered Agent	Date	
If signing on bo	ehalf of an entity:		
	Typed or Printed Name		

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