

P96000051340

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Kobi Karp Architecture & Interior Design, Inc.  
Name of Corporation

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:

Kobi Karp  
Name of Contact Person

Kobi Karp Architecture's Interior Design, Inc.  
Firm/Company

2915 Biscayne Blvd Suite 200  
Address

Miami Florida 33137  
City/State and Zip Code

KobiKarp@KobiKarp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Karp at (305) 573-1818  
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**

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

1. The name of the corporation: Kobi Kamp Architecture + Interior Design, Inc
2. The principal office address: 2915 Biscayne Blvd. Suite 200  
Miami, Fl. 33137
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/16/97 Document number: P96000051340
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)

DANA KAUFMAN

4000 Hollywood Blvd Suite 215-S

Hollywood, Fl. 33021

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

Kobi

Kamp.

2915 Biscayne Blvd Suite 200

P.O. Box NOT acceptable

Miami, Fl. 33137

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TALLAHASSEE, FLORIDA

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]  
Signature of an officer or director

Kobi Kamp 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]  
Signature of Registered Agent

\_\_\_\_\_  
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: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)