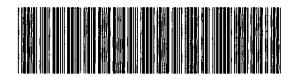
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COVER LETTER

Division of Corporations
SUBJECT: Kobi Karp Architecture à Interior Design, Inc
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 Kurp Architecture's Interior Design, Inc.
2915 Biscarne Bird Swite 200
Miami Florida 33137 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Nancy Car Person at (305) 573 - 1916 Area Code & Daytime Telephone Number
England in a \$25,00 about made mouth to the Donath and Court

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

TO:

Amendment Section

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of
1. The name of the	he corporation: Kobi Kamp Anchitecture & Interior Design Ir
2. The principal of	office address: 2915 Biscaure Blud Svite 200
	Miani, Fl. 33137
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: 7 16/97 Document number: P960000 51340
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	DANA KAUFMAN
	4000 Hollywood Blud Suite 215-5
	Hollywood Ft. 33021
(if changed):	Street address of the new registered agent (if changed) and /or registered office Kobit Kobit Janne Jan
as changed will	
Signatur Lharaby accent	the appointment as registered agent and agree to act in this capacity with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Sign	natule of Registered Agent Date
If signing on be	chalf of an entity:
T	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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