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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: KOORNNEEF PARTNERS, INC. (Name of Corporation)
DOCUMENT NUMBER: P97000006288
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:
JEFFREY D. WEINSTOCK (Name of Contact Person)
BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP (Firm/Company)
PO BOX 810155
(Address)
BOCA RATON, FL 33481-0155 (City/State and Zip Code)
For further information concerning this matter, please call:
JEFFREY D. WEINSTOCK (Name of Contact Person)  at (561) 241-0414 (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

## STÄTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: KOORNNEEF PARTNERS, INC.
2. The principal	office address: 955 OLD STATE ROAD 8, VENUS, FL 33960
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 01/15/1997 Document number: P9700006288
	d street address of the current registered agent and registered office on file with the rtment of State:
	HARRIS, BERT J III
	401 DAL HALL BOULEVARD
	LAKE PLACID, FL 33852
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	BDB AGENT CO. SE 5
	5355 TOWN CENTER ROAD, SUITE 900
	(P.O. Box NOT acceptable) BOCA RATON, FL 33486
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.
	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	Jacob Koornneef, Director  (Printed or typed name and title)
I further agree of my duties, ar document is be corporation ha BDB AGENT	t 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 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 is been notified in writing of this change.
y: //////	ignaria of Registered Agent) (Date)
	ehalf of an entity:
Sol Zoberma	an , Asst , Secretary (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)