

PM10DD053827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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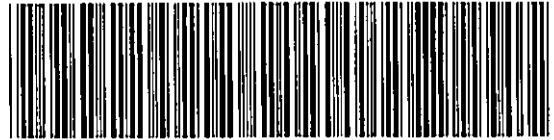
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RD/chg

JUL 10 2018
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **KIPAC CORPORATION**

Name of Corporation

DOCUMENT NUMBER: **P97000053827**

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:

Patrick Alayon, Esq.

Name of Contact Person

Alayon and Associates, P.A.

Firm/Company

135 San Lorenzo Ave. Suite 820

Address

Coral Gables, FL 33146

City/State and Zip Code

palayon@alayonlaw.com

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

For further information concerning this matter, please call:

Patrick Alayon, Esq.

Name of Contact Person

at (**305**) **216-4086**

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

1. The name of the corporation: KIPAC CORPORATION
2. The principal office address: 1300 NORTHWEST 36TH STREET
MIAMI, FL 33142 UN
3. The mailing address (if different): P.O. BOX 420950
MIAMI, FL 33242
4. Date of incorporation/qualification: 06/19/1997 Document number: P97000053827
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)

GLASSER, GENE K, ESQ., GREENSPOON MARDER, P.A.
200 EAST BROWARD BLVD. SUITE 1800
FORT LAUDERDALE, FL 33301

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

A&A REGISTERED AGENT, INC.
135 SAN LORENZO AVENUE SUITE 820
P.O. Box NOT acceptable
Coral Gables, FL 33146

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

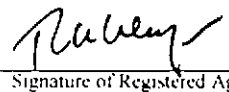
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Richard W Capric Director
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 of Registered Agent

6/25/2018
Date

If signing on behalf of an entity:

A&A Registered Agent, inc.
Typed Printed Name

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