P91000013376

(Requestor's Name)		
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
• (Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

A) COVER LETTER
TO: Amendment Section Division of Corporations
SUBJECT: Kenan ws 50n2 Ine (Name of Corporation)
DOCUMENT NUMBER: P97000073376
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:
(Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
242 Sw 12th 5t (Address)
Capa Coral (= 1 = 3398/ (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) 458 5610 (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
1. The name of the corporation: Kenan w Jones, lne
2. The principal office address: 242 5 w 12+h 5+ Capa Coval, Fla. 33991
3. The mailing address (if different): 5 am - Above
4. Date of incorporation/qualification: \$\frac{\cappa -22-1997}{2}\text{ Document number: } \frac{\cappa 97000073376}{2}\$ 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Kenan w Jones Z733 Sw 11+h pc Cape Coral, (=1,73914 Tell)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
242 5 W 12th 5t (P.O. Box NOT acceptable) Cape Coral, [-] 33991
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) (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. L - 4-06 (Signature of Registered Agent) (Date)
If signing on behalf of an entity: Kanan or To nad (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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