## P970000 85976

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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TO CCC - 1 ZH S: 23

RA Change

JAN 1 0 2020 D CUSHING

## **COVER LETTER**

TO: 1 Amendment Section

Division of Corporations

SUBJECT: Kimball Enterprises, Inc. Name of Corporation				
DOCUMENT NUMBER: P97000085976				
The enclosed Statement of Change of Registere	ed Office/Agent and f	ee are submitted for fili	ng.	
Please return all correspondence concerning thi	is matter to the follow	ring:		
Lance M Kimball				
Name of Contact Person				
Kimball Enterprises, Inc.				
Firm/Company	·-·-·			
12000 N Nebraska Ave, Suite A				
Address	····			
Tampa, FL 33612				
City/State and Zip Code				
lance@appliancerepairspeci	alists.net			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter,	nlease call:			
to future mornation concerning mornation	predoc carr.		- ;	
lance@appliancerepairspecialists.net	at ( 813	288-1900	10 20	
Name of Contact Person	Area C	) 288-1900 Tode & Daytime Teleph	one Number	

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

CR2E045 (04/13)

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

1. The name	of the corporation: Kimball Enterprises, I	nc.
2. The princip	pal office address: 12000 N Nebraska Ave	. Suite A
Tampa, FL 33	5612	
3. The mailin	g address (if different):	
4. Date of inc	corporation/qualification: 10/03/1997	Document number: P97000085976
	and street address of the current registere partment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)
	Dickens, Mark S	
	9411 Rockrose Drive	
	Tampa, FL 33647	10
6. The name a (if changed	J):	ngent (if changed) and /or registered office
	Lance Meyer Kimball	
	12000 N Nebraska Ave. Suite A	
	Tampa, FL 33612	Box NOT acceptable
The street ad as changed w	dress of its registered office and the stre ill be identical.	eet address of the business office of its registered agen
Such change authorized by	was authorized by resolution duly adop the board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.
12-	20 PM // ////	Lance M Kimball, President
	nature of an officer of director  opt the appointment as registered agent	Printed or typed name and title
further agre of my duties, locument is i	the to comply with the provisions of all s and I am familiar with and accept the a being filed merely to reflect a change in has been notified in writing of this chan	statutes relative to the proper and complete performan obligation of my position as registered agent. Or, if th of the registered office address. I hereby confirm that the
	- My Shilit	11/27/2019
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\* \* \* FILING FEE: \$35.00 \* \* \*