

998000046207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

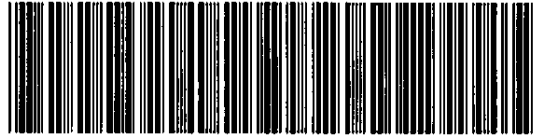
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TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KRI, Inc.
Name of Corporation

DOCUMENT NUMBER: P98000046207

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:

Michael MacGeorge
Name of Contact Person

KRI, Inc.
Firm/Company

1025 Miller Drive Suite 139C
Address

Altamonte Springs, FL 32701
City/State and Zip Code

m mac george kri @ embarrasmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael MacGeorge at (407) 947-3977
Name of Contact Person 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KRI, Inc.
2. The principal office address: 1025 Miller Drive Suite 139C
Altamonte Springs, FL 32701
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1998 Document number: P98000046207
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)

Michael W. MacGeorge
1355 Bennett Drive Unit 193
Longwood, Florida 32750

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

Michael W. MacGeorge
1025 Miller Drive Suite 139C
Altamonte Springs, FL 32701

P.O. Box NOT acceptable

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.

Michael MacGeorge
Signature of an officer or director

MICHAEL MACGEORGE PRESIDENT
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

Date

If signing on behalf of an entity:

Typed or Printed Name

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