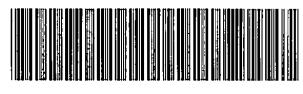
P98000103373

stor's Name)
ss)
ss)
ate/Zip/Phone #)
WAIT MAIL
ess Entity Name)
nent Number)
Certificates of Status
ng Officer:

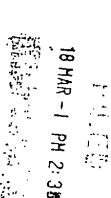
Office Use Only



600309462006

03/01/18--01010--007 **35.00

R. WHITE WAR 0 2 2018



COVER LETTER

Amendment Section TO: **Division of Corporations** KILLIAN GROVE PROPERTIES, INC. Name of Corporation P98000103373 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: FRANK PALMER Name of Contact Person KILLIAN GROVE PROPERTIES, INC. Firm/Company 15318 Guthrie Drive Address Huntersville, NC 28078 City/State and Zip Code 4evr39@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Frank Palmer 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

Amendment Section
Division of Corporations
Clifton Building

Street Address:

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: KILLIAN GROVE PROPERTIES, INC.
2. The principal office address: 15318 Guthrie Drive, Huntersville, NC 28078
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/11/1998 Document number: P98000103373
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)
FRANK PALMER
11189 SW. 78th Ave.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Franklin J. Siegel
1912 South Ocean Dr., Unit # 12 D
P.O. Box NOT acceptable Hallandale, FL 33009
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.
FRANK PALMER, Director Signature of an object 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.
2/21/18
Signature of Registered gent Date
If signing on behalf of an entity:
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 (03/12)

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