P.99000049713

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(Cit	ty/State/Zip/Phon	e #)
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SCORETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

SUBJECT: K & M AUCTION & LIQUIDATION SALES, INC. (Name of Corporation) DOCUMENT NUMBER: P99000049713 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: MARK DAVIS (Name of Contact Person) K & M AUCTION & LIQUIDATION SALES, INC. (Firm/Company) 1480 SO. MILITARY TRAIL (Address) WEST PALM BEACH, FLORIDA 33415 (City/State and Zip Code) For further information concerning this matter, please call: MARK DAVIS (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

statement of change is submitte	ections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statuted for a corporation organized under the laws of the State of $_$ F $_$ registered office or registered agent, or both, in the State of Florid	orida
1. The name of the corporation:	K & M AUCTION & LIQUIDATION SALES, I	NC.
2. The principal office address:	1480 SOUTH MILITARY TRAIL	
,	WEST PALM BEACH, FLORIDA 33415	
3. The mailing address (if differ	rent): SAME AS ABOVE	
4. Date of incorporation/qualifi-	cation: 5-27-99 Document number: P990000	149713
5. The name and street address Florida Department of State:	of the current registered agent and registered office on file with the	•
EUGENE	M. UNDERBERG	₩ 0
	KE AVENUE, STE #11	08 MAR SECRLI
LAKE W	ORTH, FL 33460	ASS IASS
6. The name and street address (if changed):	of the new registered agent (if changed) and /or registered office	AM LI': I
MARK D	AVIS	
1480_S	OUTH MILITARY TRAIL	
	(P.O. Box NOT acceptable)	
	ALM BEACH, FLORIDA 33415	
	ered office and the street address of the business office of its reg	
Such change was authorized by authorized by the beard, or the	resolution duly adopted by its board of directors or by an office corporation has been notified in writing of the change.	cer so
(Signature of an officer of d	MARK DAVIS DIRECTOR	2
I hereby accept the appointme I further governe comilly with	nt as registered agent and agree to act in this capacity. the provisions of all statutes relative to the proper and complete with and accept the obligation of my position as registered age to reflect a change in the registered office address. Thereby co	e performance ent. Or, if this nfirm that the
	3/4/08	
(Signature of Register)	d Agent) (Date)	
If sig ning on behalf of an entit	y:	
(Typed or Printed Nat		
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)