P9900000	\$6236
K & I Creative Plastics, INC Requester's Name	· · · -
582 Nixon Street Address	··
Jacksonville, FL 32204-3010 City/State/Zip Phone #	1000047320717 -12/19/0101016009 *****157.50 ******35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.				
(Corporation Name)	 (Document #)		
2		 	<u> </u>	
(Corporation Name)	(Document #)	TALLA DE T	
3			FILED P	
(Corporation Name)	(Document #)	STACE P	
4.				
	Corporation Name)	 (Document #)	RUDE 21	
🔲 Walk in	Pick up time	-	Certified Copy	
Mail out	Will wait	Photocopy	Certificate of Status	
NEW FILING Profit Not for Pro Limited Li Domestica Other OTHER FILIN Annual Re Fictitious N 	ofit ability tion <u>NGS</u> port	IENDMENTS Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger GISTRATION/OU Foreign Limited Partnershi Reinstatement Trademark Other	rawal J ALIFICATION	 - -
			Examiner's Initials	

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

582 NIXON STREET INC. 1. The name of the corporation :

2. The mailing address of the corporation : <u>9108</u> BAY COVE JACKSONVI He LANE. FLORIDA 32257

3. Date of incorporation/qualification: 9/29/1999Document number: \$99000086236

4. The name and address of the current registered agent and office:

PETER R OSTERMANIA 9108 BAY COVE LANE CKSONVITLE FLORIDA 32257

5. The name and address of the new registered agent (if changed) and/or registered office (if change (P. O. Box Not Acceptable)

OSTERMAN COVE LANE CKSONVITTE, FLORIDA 32257

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.

Ghature of an officer, chairman or vice chairman of the board) VIVIA B.

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Signature of Registered Ager

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314