

V63824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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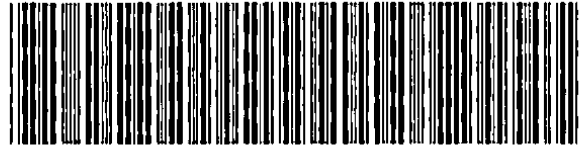
(Business Entity Name)

(Document Number)

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R. WHITE  
JUL 09 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Ron Lee Mobile Home Center of Miami Inc  
Name of Corporation

DOCUMENT NUMBER: 163824

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:

Edward Priest  
Name of Contact Person

Ron Lee Mobile Home Center of Miami Inc  
Firm/Company

1423 TANNER LANE  
Address

Winter Springs FL 32705  
City/State and Zip Code

EPRIEST367@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Priest at ( 321 ) 239-4504  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KINLEE MOBILE HOME CENTER OF MIAMI, INC.  
2. The principal office address: 1423 TANNER LANE  
WINTER SPRINGS FL 32708  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9-10-92 Document number: 163824

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)

EDWARD PRIST 1681 SEMON DR  
CLANDON FL 32828

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

EDWARD PRIST  
1423 TANNER LANE  
P.O. Box NOT acceptable  
WINTER SPRINGS FL 32708.

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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.

[Signature]  
Signature of an officer or director

EDWARD PRIST Vice 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]  
Signature of Registered Agent

6-24-19  
Date

If signing on behalf of an entity:

EDWARD PRIST  
Typed or Printed Name

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