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Office Use Only



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R.A. Chonge

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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: K-1 USA VENTURES, INC. (Name of Corporation) | | | | |
| DOCUMENT NUMBER: F0400000222 | | | | |
| 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: | | | | |
| LaTrice Towns (Name of Contact Person) | | | | |
| Greenstreet Partners (Firm/Company) | | | | |
| 2601 South Bayshore Drive Suite 1775 (Address) | | | | |
| Coconut Grove, FL 33133 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| LaTrice Towns at (305) 858-4225 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| Mailing Address: Street Address: Amendment Section Amendment Section | | | | |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu inge is submitted for a corporation organized under the laws of the State of ir to change its registered office or registered agent, or both, in the State of Floric | | <u> </u> | - , • |
|--|--|------------------------------|------------------------------|-----------------|
| 1. The name of t | the corporation: K-1 USA VENTURES, INC. | <u> </u> | | |
| | office address: 2601 South Bayshor Dr. Suite 800 Miami, Fl 33 | 3133 | | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification:Document number: F040000 | 0022 | 2 | |
| | street address of the current registered agent and registered office on file with the truent of State: | .e | | |
| | Sherry A. Stanley | 7 % C | 3663 | |
| | 2601 South Bayshore Dr. Suite 800 Miami , FI 33133 | AHASSE | 2006 MAR 2 I | FILE |
| 6. The name and (if changed): | I street address of the new registered agent (if changed) and /or registered office | OF STATE | AH 8: 22 | |
| | 2601 South Bayshor Dr. Suite 800 Miami , FI 33133 (P.O. Box NOT acceptable) | ī | | - |
| The street addre as changed will | ess of its registered office and the street address of the business office of its reposition be identical. | gistere | d agen | t, |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an office board, of the corporation has been notified in writing of the change. | cer so | | |
| (Signatu | Jeffrey A. Safchik Pres (Printed or typed name and title) | ident | . | |
| I hereby accept I further agree f of my duties, chi document is feit corporation has | the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and completed a lam familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby complete the property of this change. The complete the provision of this change. The complete the provision of the provision of the property of the provision of the pro | te perfe ent. O onfirm | orman r, if th that th | ce vis ve |
| | half of an entity: | | | |

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