

F08000000658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

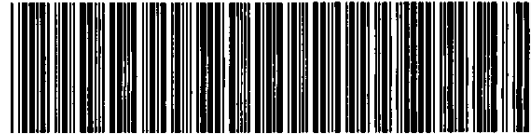
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 07 2017
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KISTERS NORTH AMERICA, INC.
Name of Corporation

DOCUMENT NUMBER: F08000000658

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:

Julia Carroll
Name of Contact Person

KISTERS NA
Firm/Company

7777 GREENBACK LANE #209
Address

CITRUS HEIGHTS, CA 95610
City/State and Zip Code

Julia.Carroll@KISTERS.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leora Nealey on behalf of InCorp Services, Inc. at (702) 866-2500
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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KISTERS NORTH AMERICA, INC.
2. The principal office address: 7777 GREENBACK LANE SUITE 209 CITRUS HEIGHTS, CA 95610
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/12/2008 Document number: F08000000658

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)

PENSON, ALBERT C
2810 REMINGTON GREEN CIRCLE
Tallahassee, FL 32308

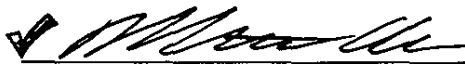
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.
17888 67th Court North
P.O. Box NOT acceptable
Loxahatchee, FL 33470

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TALLAHASSEE, FL 32314

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 of an officer or director

Matt Ables COO
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 of Registered Agent

March 8, 2017
Date

If signing on behalf of an entity:

Leora Nealey on behalf of InCorp Services, Inc.
Typed or Printed Name

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