103000023141

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COVER LETTER

TO: Registration Section Division of Corporations	·					
SUBJECT: KPG(FL), LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matt	er to the following:					
Legal Services Division						
Name of Person						
First Corporate Solutions, Inc.						
Firm/Company						
12631 Imperial Highway, F-106						
Address						
Santa Fe Springs, CA 90670						
City/State and Zip Code						
raservices@ficoso.com						
E-mail address: (to be used for future annual rep	ort notification)					
For further information concerning this matter, please	call:					
Dang Nguyen at (844 392-7588					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☐ \$25 Filing Fee	S55 Filing Fee & Certified Copy					
INH\$18 (2/14)						

· STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. No	ame of the limited liability company: KPG(FL), LLC	, 				
2. (a)	709 FOREST GROVE ROAD		(b) BOX 7, 709 FOREST GROVE ROAD			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	WYCOMBE, PA 18980			WYCOM	1BE, PA 18980	
		_	•			
		_				
	06/25/2003		L	.0300002	23141	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	UNITED CORPORATE SERVICES, INC.					
J. (4)	Registered Agent and Registered Office shown on the records of the	he Flor	rida E	Dept. of State	::	
	9200 SOUTH DADELAND BLVD.					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	SUITE 508					
	MIAMI	3315	56			
	5: 10				· · · · · · · · · · · · · · · · · · ·	
(b)	First Corporate Solutions, Inc.				SEP TI	
Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	155 Office Plaza Drive				PR D	
	NEW Registered Office Address:					
					25 10A	
	Tallahassee FL_	3230	1			
If the 1	inuted liability company is not organized under the law	s of t	he S	tate of Flo	orida, it is hereby confirmed that after	
the cha	inge or changes are made, the Florida street address of t	he re	giste	ered office	and the business office of the registered	
was we	will be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of	the l	imit	ed liability	company or as otherwise provided in	
the arti	cles of organization or the operating agreement of the l	imite	d lia	bility com	pany.	
Signa	ture of a member of athorized representative of a member	<u>J</u>	effre	ey P. Prid	ce, President	
	1 1				Printed or typed name of signee	
provisi the obl to meri	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office adaress. I he fin writing of this change.	e to d perfor for in ereby	nei ii man n Ch con	n this capa ice of my a capter 605, firm that t	icity. I further agree to comply with the luties, and I am familiar with and accept. F.S. Or, if this document is being filed he limited liability company has been	
Signatu	ic Vi Keyisiti of Ayar					
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: S25.00						