

L04000045908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

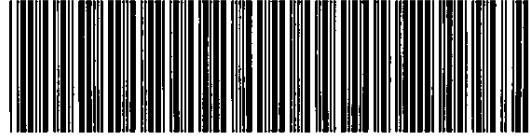
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2016

PATRICIA SANZ
KEN SANZ & ASSOCIATES, LLC
5824 WHIPPOORWILL ROAD
TAMPA, FL 33625

SUBJECT: KEN SANZ & ASSOCIATES, LLC
Ref. Number: L04000045908

We have received your document for KEN SANZ & ASSOCIATES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 016A00017425

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TALLAHASSEE, FLORIDA

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. Name of the limited liability company: Ken Sanz & Associates, LLC

2. (a) 109 East 3rd Street
 Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Chattanooga, TN 37403

(b) _____
 Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. June 14, 2004 Date of filing/registration in Florida

4. L 04000045908 Document number

5. (a) Ken Sanz,
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1692 Harbor Club Drive. Tallahassee, FL 32308
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1692 Harbor Club Drive. Tallahassee, FL 32308
 _____, FL _____

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 TALLAHASSEE, FLORIDA

(b) Patricia Sanz
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
5824 Whippoorwill Road, Tampa, FL 33625
NEW Registered Office Address:
5824 Whippoorwill Road, Tampa, FL 33625
 _____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member

Ken Sanz
 Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Patricia Sanz
 Signature of Registered Agent