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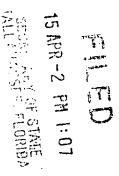
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(RM) 4-7-15

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations		
KN Consultants, LLC		
	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Sharon Kelly		
Name of Person		
KN Consultants, LLC	्राप्त का इस	
Firm/Company		
1008 Barkwood Ct.	70 70 70 70	
Address	PH 1:07 FLORIDA	
Safety Harbor, FL 34695	₩ 1	
City/State and Zip Code		
sekelly@tampabay.rr.com		
E-mail address: (to be used for future annual repor	rt notification)	
For further information concerning this matter, please c	all:	
	27 543-7873	
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	□ \$55 Filing Fee & Certified Copy	

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.

	(b)	
fice address of limited liability company: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
ood Ct.	Р	O Box 1212
or, FL 34695	S	afety Harbor, FL 34695
005	L0	4000062444
filing/registration in Florida	4.	Document number
Boggs		
d Registered Office shown on the records Gaugush	of the Florida De	pt. of State:
ddress (MUST BE FLORIDA STREE	ET ADDRESS)	···
nnedy Blvd, Suite 1700		
,	_{FL} _33602	1 5
& Magazine		TS APR -2 PH 1:
Registered Agent and/or NEW Register	red Office addres	SS:
askins		PM 1:0
ffice Address:		07 DA
ment Drive		
hey,	FL_34654	
re made, the Florida street address Or, in the case of a Florida limited	of the register I liability comp is of the limited the limited liab	
Telly	Snaro	Printed or typed name of signee
ע . ointment as registered agent and a	agree to act in ete performanc ided for in Cha I hereby confi	this capacity. I further agree to comply with the see of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
285	relative to the proper and comple sition as registered agent as provi se in the registered office address, change.	morized representative of a member pointment as registered agent and agree to act in relative to the proper and complete performance ition as registered agent as provided for in Charles in the registered office address, I hereby conficiently.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00