

LA5000011346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

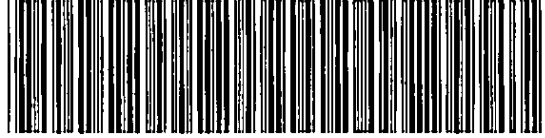
(Business Entity Name)

(Document Number)

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2018 MAR 12 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 13 2018  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KJS Properties LLC  
Name of Limited Liability Company

# 20-2289298

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karyn Scarpa  
Name of Person

KJS Properties  
Firm/Company

3527 Ashling Dr  
Address

Lakeland, FL 33803  
City/State and Zip Code

Kascarpa@gmail.com  
E-mail address: (to be used for future annual report notification)

70  
245  
600

For further information concerning this matter, please call:

Karyn Scarpa at (813) 559-6776  
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.*

1. Name of the limited liability company: KJS Properties LLC

2. (a) 3527 Ashling Dr  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Lakeland, FL  
33803

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
(same)

3. 2/3/2005  
Date of filing/registration in Florida

4. 20-2289298  
Document number

5. (a) Mr. Jon Hoppe  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
225 East Lemon St  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Ste 300  
Lakeland, FL 33801

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000045698440

(b) Karyn Scarpa  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
3527 Ashling Dr  
NEW Registered Office Address:  
Lakeland, FL  
33803

2010 MAR 12 PM 12:20  
 STATE DEPT. OF STATE  
 TALLAHASSEE FLORIDA  
**FILED**

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.

Karyn Scarpa Signature of a member or authorized representative of a member  
Karyn Scarpa Printed or typed name of signor

*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.*

Karyn Scarpa  
Signature of Registered Agent