

LO8000096529

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PEREGONZA LAW GROUP, PLLC
Account Number : I20160000078
Phone : (786)650-0202
Fax Number : (786)650-0200

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: office @ peregónza . com

2017 JUN 12 PM 1:15
TALLAHASSEE, FLORIDA

FILED
17 JUN 12 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
K & M HANDLING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K & M HANDLING, LLC

Name of Limited Liability Company

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:

JUAN J. PEREZ, ESQ

Name of Person

PEREGONZA LAW GROUP

Firm/Company

1414 NW 107TH AVENUE SUITE #302

Address

MIAMI, FL 33172

City/State and Zip Code

OFFICE@PEREGONZA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN J. PEREZ

at (**786**) **650-0202**

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

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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: K & M HANDLING, LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>2115 NW 79TH AVENUE</u>	<u>P.O. BOX 523673</u>
<u>DORAL, FL 33122</u>	<u>MIAMI, FL 33152</u>

3. <u>10/13/2008</u>	4. <u>LO8000096529</u>
Date of filing/registration in Florida	Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

KAREL ALVAREZ

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

2115 NW 79TH AVENUE

MIAMI, FL 33122

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

PEREGONZA LAW GROUP, PLLC

NEW Registered Office Address:

1414 NW 107TH AVENUE, SUITE #302

DORAL, FL 33172

FILED
 17 JUN 12 AM 11:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

KAREL ALVAREZ

Karel Alvarez

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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