

L13000098334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

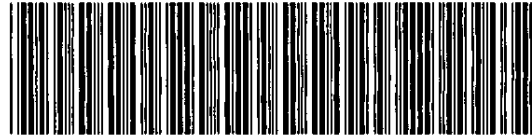
(Business Entity Name)

(Document Number)

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2015 SEP 28 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEM Ventures 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:

Kirsten Mosco
Name of Person

KEM Ventures LLC
Firm/Company

26 Sweet Bay Lane
Address

Hilton Head Island, SC 29926
City/State and Zip Code

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

For further information concerning this matter, please call:

Kirsten Mosco at (850) 687-8344
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

- \$35.00 paid #1556
+ \$25.00 statement of reg fee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2015

KIRSTEN E. MOSCO
26 SWEET BAY LANE
HILTON HEAD ISLANDS, SC 29926

SUBJECT: KEM VENTURES LLC
Ref. Number: L13000098334

We have received your document for KEM VENTURES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Returning your check for \$45.00. If you want a Certificate Copy you only need to send an additional \$20.00. Already have the \$35.00. The total is \$55.00 with a certified copy.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 315A00017098

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: KEM Ventures LLC

2. (a) Kirsten Masco (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

26 Sweet Bay Lane
Hilton Head Island, SC 29926

3. July 11, 2013 4. L13000090334
 Date of filing/registration in Florida Document number

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

2231 Crystal Cove LN
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miramar Bch, FL 32550

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

4320 Deerwood Lake Pkwy Ste. 101-247
 New Registered Office Address:

Jacksonville, FL 32216

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]
 Signature of a member or authorized representative of a member

Kirsten E Masco
 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]
 Signature of Registered Agent

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 TALLAHASSEE, FLORIDA