## 413000111061

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE JUL 20 2022					

Office Use Only



200387106512

US/16/22--01014--UU/ \*\*25.05

SECRETARY OF STATE

2022 MAY 16 AM 8: 50

## **COVER LETTER**

	gistration Section ision of Corporations			
SUBJECT:	Kemia Group LLC	r		
SOBJECT.	Name of Limited Liability Company			
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.		
Please retur	n all correspondence concerning this matte	er to the following:		
Michael J Fr	eeman Esq			
	Name of Person			
	Firm/Company	<del> </del>		
153 Sevilla A	Avenue			
	Address			
Coral Gables	s FL 33134			
	City/State and Zip Code			
mfreeman@	freemanmiami.com			
E-mai	l address: (to be used for future annual repo	ort notification)		
For further	information concerning this matter, please	call;		
Michael J Fr	ecman M/ numer at (	305 4421567		
	Name of Person	Area Code & Daytime Telephone Number		
Reg Div P.C	gistration Section Vision of Corporations  D. Box 6327  Clahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	closed is a check for the following amour	at:		
<b>=</b> 9	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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.

	me of the limited liability company:		(b) 153 Sevilla Avenue
) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Coral Gables FL 33133	<del>-</del>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Coral Gables FL 33133
	Colar Gaules FL 33133		
	08/06/2013		L1300011106
-3	Date of filing/registration in Florida Corporation Company of Miami	4.	Document number
a)	Registered Agent and Registered Office shown on the records of 201 S Biscayne Boulevard	the Flori	
	Registered Office Address (MUST RE FLORIDA STREET)	ADDRE	2022 HAY 16 SECRETARY TALLAHASS
	, FL	33131	
o)	MJP Registered Agent Corp  Enter name of NEW Registered Agent and/or NEW Registered	Office	
	NEW Registered Office Address:	· , : <u></u>	·
	Coral Gables Fi	33134	
ige it v /we arti	imited liability company is not organized under the later conchanges are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members colless of organization or the operating agreement of the	ws of the registe ability of the 1	he State of Florida, it is hereby confirmed that after the ered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in
gna.	nure of a member or authorized representative of a member	_	Printed or typed name of signed
	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I de the writing of this change.	ree to a	act in this capacity. I further agree to comply with the