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SEP - 8 2015

S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Kyland LLC					
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Offi	ce Change and fo	ee(s) are submitted for filing.			
Please 1	return all correspondence concerning thi	s matter to the fo	ollowing:			
Jeffery	y D Kintziger					
	Name of Person		~			
Kyland	d LLC					
	Firm/Company		-			
7821	Luxmore Dr					
	Address		~			
Knoxv	ville, TN 37919					
	City/State and Zip Code	"	-			
kintzig	gerjd@gmail.com					
E-	-mail address: (to be used for future annu	ual report notific	ation)			
For furt	ther information concerning this matter,	please call:				
Jeffery	y D Kintziger	803	960-2077			
	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	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	S25 Filing Fee	S \$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.

l. Na	me of the limited liability company: Kyland LLC	
i. (a)	Kyland LLC	(b) Kyland LLC
·· (··)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2813 Hampton Rd	7821 Luxmore Dr
	Wauchula, FL 33873	Knoxville, TN 37919
	1/15/2015	L15000009020
i.	Date of filing/registration in Florida	4. Document number
(a)	Kyland LLC	
. (4)	Registered Agent and Registered Office shown on the records of Jeffery D Kintziger	f the Florida Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
	2435 Hampton Rd	· 60
	Wauchula	33873
	, FL	L
(b)	Kyland LLC	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:
	Jeffery D Kintziger	
	NEW Registered Office Address:	
	2813 Hampton Rd	
	Wauchula	, 33873
he cha gent w vas/we	mited liability company is not organized under the lay nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registere liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in e limited liability company.
-44	ure I a member or author derrepresentative of a member	Jeffery D Kintziger Printed or typed name of signee
l heret provisio he obli o mere	ov accent the appaintment as registered agent and agr	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

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