

L16 000 187467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

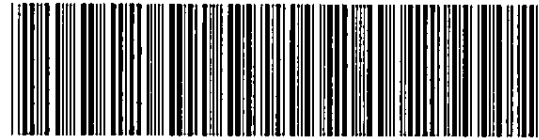
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV - 1 AM 7:14

SECRET

COVER LETTER

TO: Registration Section
Division of Corporations

K AND D CUSTOM, LLC

SUBJECT: _____
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:

KAREN BILES

Name of Person

K AND D CUSTOM, LLC

Firm/Company

4005 SW 183RD TER

Address

DUNNELLO, FL 34432

City/State and Zip Code

KDCUSTOMLLC@YAHOO.COM

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

For further information concerning this matter, please call:

KAREN R BILES CELL **305 776-1305**

Name of Person at () _____
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.

K AND D CUSTOM, LLC

1. Name of the limited liability company: _____
4005 SW 183RD TER _____ **4005 SW 183RD TER** _____
 2. (a) _____ (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)
DUNNELLON, FL 34432 _____ **DUNNELLON, FL 34432** _____

3. _____ 4. _____
 Date of filing/registration in Florida Document number
10/10/2016 ORIGINAL FILING DATE _____ **L16000187467** _____
CORPORATION SERVICE COMPANY

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept of State:
1201 HAYS STREET
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE _____ **32301**
 _____, FL _____

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 17 NOV - 1 AM 7:44

(b) **KAREN R BILES**
 Enter name of NEW Registered Agent and/or NEW Registered Office address.

4005 SW 183RD TER

NEW Registered Office Address:

DUNNELLON _____ **34432**
 _____, FL _____

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 of a member or authorized representative of a member **KAREN R BILES**
 _____ 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