

L17000071244  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000217854 3)))



H170002178543ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON  
Account Number : I20060000135  
Phone : (305) 789-3200  
Fax Number : (305) 789-4137

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

Email Address: jay@kevacapital.com

LLC REGISTERED AGENT CHANGE  
LK DUKE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 18 2017  
J. HARRIS

RECEIVED

2017 AUG 17 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 AUG 17 AM 9:45

FILED



August 17, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LK DUKE LLC  
2640 SOUTH BAYSHORE DRIVE  
210  
MIAMI, FL 33133

SUBJECT: LK DUKE LLC  
REF: L17000071244

FILED  
2017 AUG 17 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Dionne M Pijeaux  
Regulatory Specialist

FAX Aud. #: R17000217854  
Letter Number: 817A00016875

**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: LK DUKE LLC

2. (a) 1428 BRICKELL AVENUE  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
SUITE 402  
MIAMI, FL 33131

(b) 1428 BRICKELL AVENUE  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
SUITE 402  
MIAMI, FL 33131

3. 03/29/2017 Date of filing/registration in Florida

4. L17000071244 Document number

5. (a) LEYVA GIRALDO JR.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2640 SOUTH BAYSHORE DRIVE  
Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*  
SUITE 210  
MIAMI, FL 33133

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1428 BRICKELL AVENUE, SUITE 402  
MIAMI, FL 33131

FILED  
 2017 AUG 17 AM 9:49  
 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.

Signature of a member or authorized representative of a member: [Signature]  
Printed or typed name of signer: RLS117

*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: [Signature]

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