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MAY 2 2 2017 J SHIVERS

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	KLN Property Solutions, LLC		
		Limited Liab	pility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office C	hange and fe	e(s) are submitted for filing.
Please	return all correspondence concerning this ma	atter to the fol	llowing:
Kareı	ո C Shadis		
	Name of Person		•
KLN	Property Solutions, LLC		
	Firm/Company		•
618 E	Brookedge Terrace		
	Address		
Seba	stian, Florida 32958		
	City/State and Zip Code		•
•	ppertysolutions@hotmail.com		
E	E-mail address: (to be used for future annual r	eport notifica	tion)
For fur	ther information concerning this matter, plea	se call:	
Karer	n C Shadis	772	581-9474
	Name of Person	I	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section		LING ADDRESS:
	ivision of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	2661 Executive Center Circle Tallahassee, Florida 32301	I aliai	nassee, Florida 32314
	Enclosed is a check for the following amo	unt:	
	■ \$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.

Name of the limited liability company: KLN Prope	erty Solutions,	LLC
(a)	(b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
May 01, 2017	L170	000094976
Date of filing/registration in Florida	4.	Document number
a) Nicole C Kukstis		
Registered Agent and Registered Office shown on the record	ls of the Florida Dept.	of State:
Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	·
1561 Schooner Lane		••••
Sebastian	, FL_32958	17 ACC
Lisa M Foxwell		HAY 2
Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	SSET 2
AMBR		AH 7:4
NEW Registered Office Address:		
777 George Street		*h *
Sebastian	, _{FL} 32958	
e limited liability company is not organized under the hange or changes are made, the Florida street addrest will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member or companization or the operating agreement of a member or authorized representative of a member	s of the registered and liability comparers of the limited lithe limited liability — Karen C	l office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Shadis
reby accept the appointment as registered agent and isions of all statutes relative to the proper and complebligations of my position as registered agent as proverely reflect a change in the registered office addressible in writing of this change.		
Augn C Shadis		