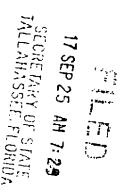
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	us
Special Instructions to Filing Officer:	1
<u>-</u>	
Office Use Only	



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SEP 2 6 2017 . SHIVERS

150 Alhambra Circle, Suite 800 Coral Gables, Florida 33134 Tel.: (305) 476-0955

Fax: (305) 476-0791 e-mail: mail@sk-realty.net

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Gentlemen:

Enclosed please find a check for the change of registered agent for the following:

KS Real Estate Group, LLC

L17000136450

Should you have anny questions, please contact undersigned.

Sincerely,

Lidia Cartaya, Manager

Enclosure

Frankfust a London a Coral Cables a Dalm Rosch

COVER LETTER

[]

TO: Registration Section Division of Corporations	
KS Real Estate Group, LLC	
· · · · · · · · · · · · · · · · · · ·	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 m	atter to the following:
Lidia Cartaya	
Name of Person	
S&K Worldwide Realty, LLC	
Firm/Company	
150 Alhambra Circle, Suite 725	
Address	
Coral Gables, Florida 33134	
City/State and Zip Code	
lcartaya@skwwrealty.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Lidia Cartaya	305 476-0955
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
☐ \$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.

	•	KO Daal Eatak	- 0	•
l. Na	me of the limited liability company:	KS Real Estat	e Group, LL	.C
2. (a)	150 Alhambra Circle		(b)	
() _	Principal office address of limited lia (Note: MUST BE STREET)		_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 725	- 	_	
	Coral Gables, Florida 33134	<u> </u>		
	06/23/2017		L170	000136450
3.	Date of filing/registration in	Florida	4.	Document number
5. (a)	Michael Katz	i i		
/ (u)	Registered Agent and Registered Office sho	wn on the records of the	he Florida Dept. (of State:
	150 Alhambra Circle	1		
	Registered Office Address (MUST BE F	LORIDA STREET A	DDRESS)	
	Suite 800			IAL SE
Coral Gables (b) Michael Katz	Coral Gables	; FL	33134	7 SEP 25 CRETAR LAHASS
	Michael Katz	1	·	ř n −:
	Enter name of <u>NEW Registered Agent</u> and	or NEW Registered	Office address:	EFECT TO
<u>.</u>	150 Alhambra Circle	<u>1</u>		7: 2.9 STATE CORID
	NEW Registered Office Address:			
	Suite 725			
	Coral Gables		33134	
the cha agent v was/we	inge or changes are made, the Florida vill be identical. Or, in the case of a	street address of Florida limited lia of the members o	the registered bility compan f the limited li	of Florida, it is hereby confirmed that after office and the business office of the register by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
	Mul Kit	<u> </u>	Michael	Katz, Manager
Signa	ture of a member or authorized representative	of a member		Printed or typed name of signee
the cha agent v was/we the arti	inge or changes are made, the Florida vill be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating Mul KX	a street address of Florida limited lia of the members of agreement of the of a member	the registered ability compan f the limited liabilit limited liabilit Michael	office and the business office of the confirmed that the company or as otherwise puty company. Katz, Manager Printed or typed name of signee is capacity. I further agree to company.

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

notified in writing of this change

Signature of Registered Agent