Florida Department of State

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(((H240000871873)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:		



LLC REGISTERED AGENT CHANGE 3K2A, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: 3K2A, LLC		
		Name of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.
Please	return all correspondence concernin	ig this matter to th	e following:
Alicia	Richards		
	Name of Person		
Registe	ered Agent Solutions, Inc.		
	Firm/Company		<u> </u>
Corpor	ate Center One, 5301 Southwest Pkwy,	Ste 400	
	Address		
Austin.	. TX 78735		
	City/State and Zip Co	de	
<u>E</u>	-mail address: (to be used for future	annual report not	ification)
For fur	ther information concerning this ma	itter, please call:	
Alicia	Richards	888 at (705-7274
	Name of Person	1	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18	3 (2/14)		

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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.

(a)	1111 BRICKELL AVENUE		(b) THE BRICKELL AVENUE		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	UNIT 2800		UNIT 280		
	MIAMI, FL 33131		MIAMI, F	FL 33131	
	5/19/2021		L21000233	150	
(a)	Date of filing/registration in Florida GRAYROBINSON, P.A.	4.		Document number	
(4)	Registered Agent and Registered Office shown on the records of 225 NE MIZNER BLVD.	the Flori	da Dept, of Stat	96	
	Registered Office Address (MUST RE FLORIDA STREET	ADDRE.	SS)		
	SUITE 500			J 5	
				_ 5 5 F	
(b)	***************************************	33432		_ 5 5 F	
(p)	BOCA RATON FI			AHNSSEE, FL	
(b)	BOCA RATON, FI Registered Agent Solutions, Inc.			_ 5 5 F	
(b)	BOCA RATON, FI Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				
(b)	BOCA RATON, FI Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 2894 Remington Green Ln.			_ 5 5 5 F	

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.

15 Kerin Keimmel	KRIMMEL, KEVIN	Manager
Signature of a member or authorized representative of a member	Printed o	r 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 Jamiliar 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.

Mackenzie Hibler, Asst. Secretary Signature of Registered Agent