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.

(((H150001132043)))



H150001132043ABCR

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

To:

7

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)205-8842

Fax Number : (850)878-5368

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

		}-	1
Email	Address:	 _	

LLC REGISTERED AGENT CHANGE KMG KULLEN LLC

Certificate of Status	0			
Certified Copy	0			
Page Count	03			
Estimated Charge	\$25.00			

Electronic Filing Menu

Corporate Filing Menu

Help

5/11/2015

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.

l. 1	Name of the limited liability company: KMG KULI	LEN,	LLC						_
2. (s	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		Mailing a		f limited i			_
	675 THIRD AVENUE, STE 400		675	THIRD					
	NEW YORK, NY 10017	- -		YORK,					_ _
	01/07/2011	_	Lll	000002	760				
3.	Date of filing/registration in Florida	4.		Docum	nent nu	mber			
5. (a)								
	Registered Agent and Registered Office shown on the records of the NRAI SERVICES, INC.	e Florida i	Dept. of S	itate:					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)							
	5011 SOUTH STATE ROAD 7, STE 10	06							
	DAVIE ,FL_	3331	4						
đ)								₹.,
`	Enter name of NEW Registered Agent and/or NEW Registered (Office add	Cess:					رت ال	
	NRAI SERVICES, INC.							AY I	治療
	NEW Registered Office Address:								
	1200 SOUTH PINE ISLAND ROAD							-	<u>_</u>
	PLANTATION, FL_	33324	:					34:6	STATI
the (e limited liability company is not organized under the law change or changes are made, the Florida street address of it will be identical. Or, in the case of a Florida limited liab	the reais	ered of	fice and th	he busi	ness off	ice of t	he register	ed Per
	Bean (N	uNol	A Ch	_		ar atha			
	Elgranule of a member of author	•				_			
4 119	THE ATAMES WE THE CONTROL OF THE PROPERTY OF THE PARTY OF	SKOLAS	KA				A1		
province in moil	BEATA TRUS The state of the second s	persorma I for in C ereby co	nce of i hapter nfirm ti	ny duties, 605, F.S. 121 the lim	and I d Or, if i nited lid	am famil his docu ability co	iiar wn ument i ompany	s being file has been	ēd
	Conne Buya (1991)								

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