| LANTANA, FL  |  |         |                    |            |  |
|--|--|---------|--------------------|------------|--|
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. |  |         |                    |            |  |
| SIGNATURE  | E: KENNYATA FELDING                      |         |                    | 01/09/2019 |  |
|  | Electronic Signature of Registered Agent |         |                    | Date       |  |
| Officer/Director Detail :  |  |         |                    |            |  |
| Title  | PVST                                     | Title   | D                  |            |  |
| Name   | FELDING, KENNYATA                        | Name    | FELDING, KENNYATA  |            |  |
| Address  | 7880 LOOMIS STREET                       | Address | 7880 LOOMIS STREET |            |  |

1436 NORTH STATE ROAD 7 LAUDERHILL, FL 33313

DOCUMENT# P16000082952

Entity Name: K & L LEGENDS, INC.

**Current Principal Place of Business:** 

#### **Current Mailing Address:**

7880 LOOMIS STREET LANTANA, FL 33462 US

### FEI Number: 81-3985829

City-State-Zip: LANTANA FL 33462

#### Name and Address of Current Registered Agent:

FELDING, KENNYATA 7880 LOOMIS STREET LANTA

| hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under  |
|--|
| oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears |
| above, or on an attachment with all other like empowered.  |

SIGNATURE: KENNYATA FELDING

PRESIDENT

City-State-Zip: LANTANA FL 33462

01/09/2019

## 2019 FLORIDA PROFIT CORPORATION REINSTATEMENT

# Certificate of Status Desired: No

FILED Jan 09, 2019 Secretary of State 9057164841CR

Electronic Signature of Signing Officer/Director Detail

Date