A13000000683

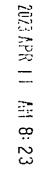
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(nu	idicəə)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nai	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300406266213

S. CHATHAM
JUN 28 2023



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KL-JUST Mane of Limited Partnership or	Limited Liability Limited Partnership	
DOCUMENT NUMBER: A 1300	0000683	
The enclosed Statement of Change of Register fee(s) are submitted for filing.	red Office and/or Registered Agent and	
Please return all correspondence concerning th	is matter to:	
Lauren MISKA	2023 S.F.1	
Contact Person	2023 APR	
Firm/Company		
5900 Rystan Sound Ph.	111/ N/10/	
5900 Broken Sound Pho Address	27, NW 37 18: 23	
	27	
BOCA ROLLON, FL 334 City, State and Zip Code	<u> </u>	
E-mail address: (to be used for future annual repor	rt notification)	
For further information concerning this matter	, please call:	
	•	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	ne Florida Department of State.	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
manassec, 1 E 32314 2413 N. Montoc Sheet, Sille 810		

Tallahassee, FL 32303

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. KL-JUST MAK-P, LLLP Name of Limited Partnership or Limited Liability Limited Partnership	
Name of Limited Partnership or Limited Liability Limited Partnership	
2. 1\ 05 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) 0 683
Date of filing/registration in Florida Florida document i	number
4. The name of the registered agent and the registered office address as shown on the recondepartment of State:	rds of the Florida
KL-Just Make GP, LLC	
· · · · · · · · · · · · · · · · · · ·	202 Stri
8808 Twin Late Drive	2023 APR 5+ 1
1	_
PSOCA Reiton, FL 33/96 City, State and Zip	
City, State and Zip	
5. The name and Florida street address of the new registered agent and/or office:	
KL-Just Make GP, LLC	# 8: 23 STOR
Name	
5224 Prince ton Way Florida street address (P.O. Box not acceptable)	
BOCA Raton FL 33496 City, State and Zip	
City, State and Zip	
6. Such change(s) is/are effective when filed by the Florida Department of State.	
Signature of General Partner Correct Partner by:	-
Signature of General Partner Constitute Portner by:	
I hereby accept the appointment as registered agent and agree to act in this capacity. I fin	, ~~
comply with the provisions of all statutes relative to the proper and complete performance	riner agree io of my duties.
and I am familiar with an accept the obligations of my position as registered agent.	, ,
Signature of Registered Agent	
· / · /	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50