

A94 000000 982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

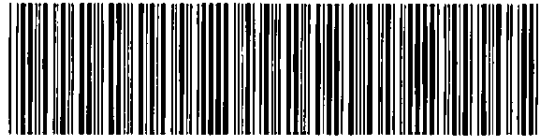
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KACHSITE LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A94000000982

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JEFFERY R SCARBROUGH CPA

Contact Person

SCARBROUGH & ASSOCIATES PLLC

Firm/Company

369 E CENTRAL AVE

Address

WINTER HAVEN, FL 33880

City, State and Zip Code

JEFF@SCARBROUGHCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFERY SCARBROUGH at ( 863 ) 293-1222

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**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

**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. KACHSITE LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/20/1994

Date of filing/registration in Florida

3. A94000000982

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

S RAWLS FORTENBERRY

Name

9475 WATERFORD OAKS DR

Address

WINTER HAVEN, FL 33884

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

TERESA B FORTENBERRY

Name

9475 WATERFORD OAKS DR

Florida street address (P.O. Box not acceptable)

WINTER HAVEN FL 33884

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Teresa B. Fortenberry

Signature of General Partner

*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 familiar with and accept the obligations of my position as registered agent.*

Teresa B. Fortenberry

Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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