A9700000 2881

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	1
·	Ü	

Office Use Only



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17 FEB 28 PH 3: 23

HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'Hayer rachel.ohayer@cscglobal.com

Date: February 24, 2017

Order#: 523490/010

Re: KDJ, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Rachel O'Hayer c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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	KDJ, LTD.							
	Name of Limite	ed Partnership or Lim	ited Liability	Lim	ited Partners	ship		
2.	12/29/1997		3.		A97000002881			
	Date of filing/registration in Florida			F	Florida document number			
4. The name Department of		nt and the registered	office address	s as sl	hown on the	e records of the Florida		
		Thomas P. I	McNamara	3				
		Nan	ne			•		
	2	2909 Bay to Bay	Blvd Ste	309	9			
		Addr				-		
		Tampa	F	L	33629			
	*****	City, State	and Zip			-		
5. The name	and Florida street ad	dress of the new regi	stered agent a	ınd/oı	r office:			
						17		
		Corporation Sen		any		- FEB		
		Nam	ie			Ω Ω		
		1201 Hay	s Street			28		
	Flor	ida street address (P.	O. Box not ac	cepta	able)	PH		
		Tallahassee	F	FL	32301	ယ့		
		City, State				23		
6. Such char	nge(s) is/are effective	when filed by the Flo	orida Departm	nent c	of State.			
Jill Cilmi, Vi I hereby accomply with and I am fan By: Signature of	General Partner ice President on bel ept the appointment at the provisions of all s niliar with an accept t Corporation Seprice Registered Agent irby, Assistant Vice	s registered agent an tatutes relative to the he obligations of my Company	d agree to act proper and c	t in th	nis capacity. lete perform			
Filing Fee Certified	: Copy (optional):	\$35.00 \$52.50						