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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

R. WHITE SEP 12 2018 Fax Number : (855)330-1010

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

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REGISTERED AGENT CHANGE KENSINGTON FINANCIAL ASSOCIATES, INC.

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.
1. The name of	the corporation: Kensington Financi	al Associates, Inc.
2. The principal	office address: 2875 NE 1915	T STREET, SUITE 603
AVENTU	RA, FL 33180	
3. The mailing a	uddress (if different):	
4. Date of incor	poration/qualification: 10/03/2017	Document number: F17000004444
	d street address of the current register rtment of State: (If resigned, enter re	
	C T CORPORATION SYSTEM	SE T
	1200 SOUTH PINE ISLAND ROA	ZOI8 SEP-1 SECRETA TALLA
	PLANTATION, FL 33324	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office FOR SOLUTION OF A SOLUTIO
	Registered Agents Inc.	
	3030 N. Rocky Point Dr. STE	
	Р.О. Во Татра FL 33607	x NOT acceptable
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ad- ne board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
Signatu	re of an officer of director	Teddy Heichman President
I hereby accept I further agree of performance of agent. Or, if the	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address. I
Bee Home		09/07/2017
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
Bill Havre		
Т	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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