

100000005619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

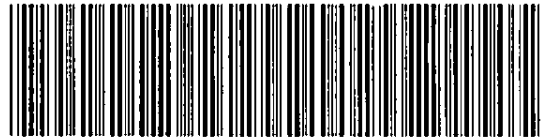
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/07/24--01018--024 **55.00

11/22/24--01006--004 **55.00

FILED
2024 NOV 13 AM 10:58
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2024

ERIC O KLEINSTEUBER
839 N MAGNOLIA AVE
ORLANDO, FL 32803

SUBJECT: KZF DESIGN LLC
Ref. Number: L00000005619

We have received your document for KZF DESIGN LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

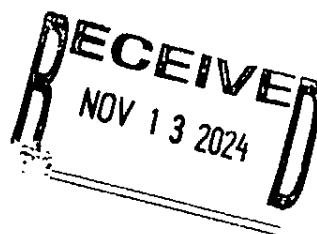
Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers
Regulatory Specialist III

Letter Number: 124A00023444



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KZF Design LLC dba KMF Architects

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Eric O Kleinsteuber

Name of Person

KZF Design LLC dba KMF Architects

Firm/Company

839 N.Magnolia Ave.

Address

Orlando, Florida 32803

City/State and Zip Code

kmf@kmfarchitects.com

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

For further information concerning this matter, please call:

Eric O Kleinsteuber

407

298 1988

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KZF Design LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Eric O Kleinsteuber

Name of Person

KZF Design LLC

Firm/Company

839 N. Magnolia Ave.

Address

Orlando, Florida 32803

City/State and Zip Code

kmf@kmfarchitects.com

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

For further information concerning this matter, please call:

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: KZF Design LLC

2. (a) 839 N. Magnolia Ave, Orlando FL 32803 (b) 839 N. Magnolia Ave, Orlando FL 32803

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

October 01, 2024

L00000005619

3. Date of filing/registration in Florida

4. Document number

5. (a) Joseph H Morgan

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8167 Canyon Lake Circle

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32835-5385

(b) Eric O Kleinsteinuber

Enter name of NEW Registered Agent and/or NEW Registered Office address:

839 N. Magnolia Ave.

NEW Registered Office Address:

Orlando, FL 32803

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Eric O Kleinsteinuber

Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2024 NOV 13 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NOTICE OF RESIGNATION AND RELEASE OF AUTHORITY
OF
JOSEPH H. MORGAN
FROM
KZF DESIGN, LLC**

I the undersigned, Joseph H. Morgan, in connection with the transfer of my Membership Interest in KZF Design, LLC (the "Company"), as outlined in the Unit Purchase and Sale Agreement (the "Agreement"), resign from all positions I now hold or have ever held with the Company, including but not limited to Manager, Managing Member, Officer, President, Principal, Managing Principal, or any other position of authority within the Company (together the "Position of Authority").

My resignation and release of authority is effective as of September 30, 2024 at 11:59 PM (the "Effective Date").

As of the Effective Date, I shall no longer represent or hold myself out as holding a Position of Authority within the Company. I shall not take any action to bind or incur any obligation on behalf of the Company after the Effective Date.

I acknowledge and agree that, notwithstanding the resignation from all managerial and officer positions effective as of the Effective Date, I shall continue to serve as an employee of the Company until December 20, 2024, and shall maintain all responsibilities and obligations of an employee as outlined and restricted in the Agreement. During this period, I shall carry out such duties and responsibilities in accordance with the terms of the Agreement and the instructions of the Company's management.

IN WITNESS WHEREOF, the undersigned has executed this resignation effective as of the Effective Date.

Joseph H. Morgan

By: box SIGN 1X3X8WJP-19Y9Y5Y6
Joseph H. Morgan, Individually