(Requestor's Name)	
(Address)	60030699
(Address)	00050093
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	12/28/1701021-
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2017

DESTINY BAYLOR
PARACORP INCORPORATED
2804 GATEWAY OAKS DR #100
SACRAMENTO, CA 95833

SUBJECT: KUNDLAS INVESTMENTS, LLC

Ref. Number: L01000010670

We have received your document for KUNDLAS INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

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) 245-6051.

Letter Number: 717A00026323

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section					
Division of Corporations					
Kundlas Investments, LLC SUBJECT:					
	mited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for	filing.			
Please return all correspondence concerning this matte	er to the following:				
Destiny Baylor		ì			
Name of Person		i			
Paracorp Incorporated					
Firm/Company					
2804 Gateway Oaks Dr #100					
Address					
Sacramento, CA 95833		'			
City/State and Zip Code		į			
paracorp@myparacorp.com					
E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please	call:				
Destiny Baylor	800 533-7272				
Name of Person	Area Code & Daytim	e Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231/	1			
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certifie	d Copy			
'S18 (2/14)					

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.

PIC	orida	•		_	1			
}.	Na	me of the limited liability company: Kundlas Inves	stments	LLC				
2	(a)	C/O MANJIT KUNDLAS	(b)	C/O MANJIT H	KUNDLAS			
۷.	(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			:	
		110 WINDHAM DR.		110 WINDHAM	/IDR.			
		WINTER HAVEN, FL 33884	-	WINTER HAV	EN, FL 33	884		
		06/29/2001	_	L01000010	670			
3.		Date of filing/registration in Florida	4.	Docum	ient number			
5.	(a)	Kundlas, Manjit						
•	()	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:	1			
						_		
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		i		1 8	
		110 Windham Dr		··	1		JAN	
		Winter Haven, FL	_339	384		S	₹	Ţ
	<i>(</i> 1.)	Paracorp Incorporated				<u> </u>	₽	m
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		5 (a)	PH -2: 1-9	
						- <u>2</u> 25	Ę,	
		155 Office Plaza Drive, 1st Floor				« <u>ت</u>		
		NEW Registered Office Address:			•			
				· 	1			
					Ì			
		Tallahassee ,FL	323	01				
the ag wa the	e cha ent v is/we e arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the limi	tered office and the mpany, it is hereby ted liability company.	ne business of confirmed any or as other	office of the that the charter	e regi ange ovide	stered (s) d in
		ture of a member or authorized representative of a member	en to act		- ' '	_	do wii	th the
or he o	nerei ovisi e obl mere tifice	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I do not in writing of this change.	performa d for in C hereby co	mee of my duties, hapter 605, F.S. infirm that the lim	and I am fan Or, if this do ited liability	niliar with ocument is company)	and c being has b	accept filed een
	/	re of Registered Agent Milton Voncy, ASSIS	tanl	secretary				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00