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SECRETARY OF STATE
TAIL ARE SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
KEW, L.L.C. SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
BETH A BAXTER					
Name of Person					
ERDMAN AUTOMOTIVE					
Firm/Company					
4650 HIGHWAY 520					
Address					
COCOA, FL 32926					
City/State and Zip Code					
BBAXTER@MIKEERDMANMOTORS.COM					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, pleas	e call:				
BETH A BAXTER	321 453-1313				
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 amou	unt:				
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (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.

L N	ame of the limited liability company: KEW, L.L.C.				
2. (a)	4650 HIGHWAY 520	((b) _ 4650 HIGHWAY 520		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of	Timited liability company:
	COCOA, FI. 32952	_	COCOA, I		
	11/29/2001	_	L01000020:	571	
3. 5. (a)	Date of filing/registration in Florida HOWARD M SWERBILOW	4.		Document nun	iber
5. (a)	Registered Agent and Registered Office shown on the records of the 600 FLORIDA AVE			- e: -	
	Registered Office Address (MUST BE FLORIDA STREET AL SUITE 104	<u>DDRES:</u>	<u>2)</u>		
	COCOA .FL ³	32922		_	TALLAHA
(b)	BETH A BAXTER			-	MOV -9 MILLS 09 CRETARY OF \$155
, ,	Enter name of NEW Registered Agent and/or NEW Registered C)ffice ad	dress:	-	
	4650 HIGHWAY 520				MIII: 09
	NEW Registered Office Address:			-	- 1
	COCOA , FL	2926		-	
nange gent w as/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liability reauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the line	of the egistere ility co the lim	d office and mpany, it is ited liability	I the business o hereby confirm company or as pany.	ffice of the registered
Signati	are of a member or authorized representative of a member			Printed or typed n	ame of signee
ie obli mere.	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided for by reflect a change in the registered office address, I her in writing of this change.	to act erforma for in C reby co			
ignatur	Du h Sart				

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