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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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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l. Na	ame of the limited liability company:KA		DINGS	6, LLC				
2. (a)	3401 BAYSHORE BLVD. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 3401 BAYSHORE BLVD.					
- (-,				Mailing address of linuted liability company: (Note: MAY BE POST OFFICE BON)				
	UNIT 1601			JNIT 16	01			
	TAMPA, FL 33629		TAMPA, FL 33629					
	02/04/2003			L03000	0004215			
3.	Date of filing/registration in Florida			Ľ	Document nun	ıber		
5. (a)	HUNTER BUSINESS LAW							
J. (4)	Registered Agent and Registered Office shown on the r	records of the Fl	orida De	pt. of State.				
	119 S. DAKOTA AVENUE							
	Registered Office Address (MUST BE FLORIDA :	<u>STREET ADDI</u>	<u>(ESS)</u>					
	ТАМРА	, FL3	3606				2022	
(b) _.	Corporate Creations Network Inc.						2022 APR -	-1-
	Enter name of NEW Registered Agent and/or NEW F	<u>degistered Offi</u>	e addre	<u>kr</u>			ъ́	
	801 US Highway 1						PĦ 2:	00
	NEW Registered Office Address:					: 1 - 7 ;	23	

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.

/s/ Caitlin Lazarus

Caitlin Lazarus, Attorney-in-Fact

Signature of a member or authorized representative of a member

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.

/s/ Caitlin Lazarus

Caitlin Lazarus, Special Secretary

Signature of Registered Agent

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

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