

L04000017353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

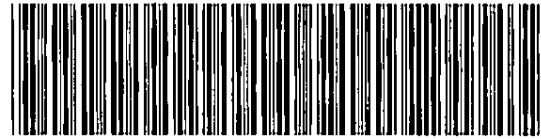
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

O SIMMONS
AUG 02 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kosek Maintenance, 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:

Kimberly Youmans

Name of Person

Kosek Maintenance LLC, / International Artisan Group, DBA

Firm/Company

5781 Cape Harbour DR #1409,

Address

Cape Coral, FL. 33914

City/State and Zip Code

king@artinteriorsofswfl.com

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

For further information concerning this matter, please call:

Kim Youmans

239

209-7326

at ()

Name of Person

Area Code & Daytime 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 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.

Kosek Maintenance, LLC/ International Artisan Group, DBA

1. Name of the limited liability company: _____
5781 Cape Harbour Dr #1409, Cape Coral, FL 33914

2. (a) _____
Principal office address of limited liability company: _____
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX)

Kimberly Youmans

July 27, 2017

3. Date of filing/registration in Florida _____
Kimberly Youmans

4. _____

Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Kimberly Youmans. 17487 Old Harmony Dr #201

→ \$ L04000017353

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
17487 Old Harmony Dr #201

EW
20-0815679

Ft Myers, FL 33908

Kimberly Youmans

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

5781 Cape Harbour Dr #1409, Cape Coral, FL 33914

NEW Registered Office Address:
5781 Cape Harbour Dr #1409

Cape Coral, FL 33914

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DIVISION OF CORPORATIONS
NEW

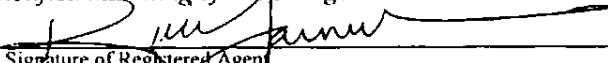
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 of a member or authorized representative of a member

Kimberly Youmans

Printed or typed name of signer

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 of Registered Agent

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

enclosed
check # 1002