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J. HARRIS

COVER LETTER

10: Registration Section Division of Corporations		
Ptil Dua 112.		
SUBJECT: Name of Lin	nited Liability Company	
	,	
Dear Sir or Madam:	. '	
The enclosed Registered Agent/Registered Office Chan	ige and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter	to the following:	
Robert E. Lyons		
Name of Person	· · · · · · · · · · · · · · · · · · ·	•
70		
KEL One, LLC		
Firm/Company		•
PO Box 152	. :	
Address		
Largo, FL 33779		
City/State and Zip Code	·	;···
Lyons_re@yahoo.com		
E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter, please c	eall:	,
to turner anomation concerning and makes, presse c		
Kenneth Arsenault 7	27 584-1199	
Name of Person	Area Code & Daytin	ne 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	4
Enclosed is a check for the following amount	t:	
☑ \$25 Filing Fee	ed Copy	

INH\$18 (2/14)

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

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. N	ame of the limited liability company:			ر		
2. (a)	10225 Ulmerton Road	(b)	PO Box	18		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 2	(0.	M	ailing address of (Note: MAY BE		
	Largo, FL 33771		Largo, FL	33779		
	5-13-2004		LD4	-0000	36460	7
3.	Date of filing/registration in Florida	4.	I	Document num	nber	1
5. (a)	Kenneth Arsenault					
J. (L)	Registered Agent and Registered Office shown on the records of 10225 Ulmerton Road	f the Florida	Dept. of State:	,		
	Registered Office Address (MUST BE FLORIDA STREET) Suite 2	'ADDRESS)	,			
	Largo , F	_L 33771			TAS Z	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	ress:	•	17 JUN 2. ECRETAR CLAHAS	
	19535 Gulf Boulevard			•	୍ରମୁକ୍ ພ	
	NEW Registered Office Address:				PHIZ: OF STA EFLORI	
	Suite E	····			DA S	
	Indian Shores , FI	_33785				• 1
the cha agent v was/wa	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li tre authorized by an affirmative vote of the members cless of organization or the operating agreement of the	f the regist iability cor of the limit	ered office a npany, it is h ted liability o	and the busines nereby confirm company or as	ss office of the	he registered hange(s)
	Ingr	Rob	ert E. Lyor			<u> </u>
_	ure of a member or authorized representative of a member			rinted or typed n	•	
proviși the obl to mere	by accept the appointment as registered agent and agons 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 in writing of this change.	ree to act i e performa ed for in Ci hereby coi	n this capac nce of my du hapter 605, I yfirm that the	ity. I further of ties, and I am F.S. Or, if this e limited liabil	agree to com familiar with document is lity company	ply with the h and accept s being filed has been
Signatu	e of Registered Agent					