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From:

Account Name

: CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048

Phone Fax Number : (800)345-4647 : (800)432-3622

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2017 FEB 15

LLC REGISTERED AGENT CHANGE KENCO INVESTMENTS, LLC

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Corporate Filing Menu

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K. SALY

FEB 1 6 2017

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursi subm Flori	uant to the provisions of sections 605.0114 or 605.0116 vits the following statement in order to change its res da.	gistere	d .	office or re	gistered agent, c	mited (labil or both, in	ity company the State of	¬
1. N	ame of the Limited Liability Company: KENCO INVI	ESTI	ME	ENTS, LL	С			}
2 G) 428 WALNUT STREET	(b) 428 WALNUT STREET						
- . (4	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE FOX)						
	GREEN COVE SPRINGS, FL 32043	<u> </u>		GREEN	COVE SPRIN	IGS, FL	32043	
	5/13/2004	_		L040000	036575			
3.	Date of filing/registration in Florida	4.			Document numb	er		
5. (e	DUVAL, STEPHEN J							
	Registered Agent and Registered Office shown on the records of t	the Flo	nds	Dept. of State				
	428 WALNUT STREET						. 5	3
	Registered Office Address QUEST BE FLORIDA STREET	1DDRI	48.5	2			空光 三	<u>ئ</u>
		•					5	$\frac{\pi}{2}$
	GREEN COVE SPRINGS , FL	_320	04:	3			HAS	011FFB 15 AK 10: 37
/ h	Capitol Corporate Services, Inc.						STE	
(0	Enter name of NEW Resistered Agent and/or NEW Registered	Office	nde	dress			- F. S.	5
							유로	دن
	155 Office Plaza Dr Ste A						سرونيج	·
	NEW Registered Office Address:							
	Tallahassee, ក្រុ	323	301	1				
the cl agent was/v the ar	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of theles of organization or the operating agreement of the latter of a member or systemized representative of a member	the reability of the l	gia co im	stered office impany, it is ited liability	and the business hereby confirme company or as o	office of the distribution	e registered	
	eby accept the appointment as registered agent and agre sions of all slatutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I he ad in writing of this change.						oly with the and accept being filed has been	
Signa					t Secretary or rate Services,	_		
	Division of Corporations P.O. B		•	•			•	
	FILING FI				, 2 2 02027			

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