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## **COVER LETTER**

10: Registration Section Division of Corporations				
K-SQUARED PARTNERS, LLC SUBJECT:				
	ed 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:			
JEFF KRINSKY				
Name of Person	<del></del>			
PANTHER CAPITAL MANAGEMENT, LLC				
Firm/Company	<del></del>			
1172 S. Dixie Hwy. Stc. 502				
Address	<del></del>			
Coral Gables, FL 33146				
City/State and Zip Code				
JKrinsky@puntherem.com				
E-mail address: (to be used for future annual report r	notification)			
For further information concerning this matter, please call	:			
Ayax Christopher 305	374-1753			
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 amount:				
■ \$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.

1. 1	Name of the limited liability company: K-SQUARED PA	ARTNE	RS, LLC			
2. (a			(b)			
`	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		<u> </u>	Aailing address of limited (Note: MAY BE POST)	liability compa	any:
	1172 S. Dixie Hwy, Ste. 502 Coral Gables, FL 33146		1172 S. Dis	xie Hwy. Ste. 502 Coral	Gables, FL	33146
	10/13/2004	_	L040000744	78	_	
3.	Date of filing/registration in Florida PANTHER MANAGEMENT SERVICES, LLC	4.		Document number		
5. (a	Registered Agent and Registered Office shown on the records of	.b. Tli	d. D			
	Registered Agent and Registered Office shown on the records of	the Flori	ua Dept. of State	2	20	
	Registered Office Address (MUST BE FLORIDA STREET) 333 S MIAMI AVE STE 150	<u>ADDRES</u>	55)		2019 DTT) -	-
	Miami	33130			2	
	, FL				:01 194	رر
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:		7	
	NEW Registered Office Address: 1172 S. Dixie Hwy, Ste. 502					
	1172 3. DIXIC 11Wy, 31c. 302					
	Coral Gables , FL	33146				
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be idontical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of of the lin limited	red office and company, it is mited liability liability com	I the business office of hereby confirmed that company or as other	f the registent the change	red e(s)
Sim	nature of a member or authorized representative of a member	JE	FF KRINSKY	Printed or typed name of	19	
I her provi the oi to me notifi	which the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	ree to ac perforn d for in hereby c	et in this capa nance of my d Chapter 605, confirm that th	city I further naree t	o zamale w	ith the accept g filed seen

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25,00