

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000494123)))



H180000494123ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : INCORP SERVICES INC
 Account Number : 1201200000007
 Phone : (702) 866-2500
 Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Managed reports@incorp.com

LLC REGISTERED AGENT CHANGE
KCN LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
 FEB 12 2018

S. WARREN

FEB 12 2018

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KCN 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:

Courtney Thomas

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500s

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

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

For further information concerning this matter, please call:

Courtney Thomas

Name of Person

at (702) 866-2500

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.

1. Name of the limited liability company: KCN LLC
2. (a) 6610 East Fowler Ave Ste. J
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Tampa, FL 33617
- (b) 6610 East Fowler Ave Ste. J
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Tampa, FL 33617
3. 12/11/2008
Date of filing/registration in Florida
4. L06000117497
Document number
5. (a) KCN FAMILY TRUST
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6610 East Fowler Ave. Suite J
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
Tampa, FL 33617
- (b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
17888 67th Court North
NEW Registered Office Address:
Loxahatchee, FL 33470

FILED
18 FEB 12 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Albert H Nelmanpius

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.

Courtney Thomas on behalf of InCorp Services, Inc.

Signature of Registered Agent

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