

L06000117497

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : INCORP SERVICES INC  
Account Number : 120120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

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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

**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) (b) 6610 East Fowler Ave Ste. J Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

Tampa, FL 33617

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 (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

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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 Nelmapius 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