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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations		
SUBJECT: KINGS	Service Solutions uc Name of Limited Liability Company	
	vanie or annied Libering Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
ADUALDO HERRE		
Firm/Company		
3832 SHODEVIELH Address	De.	
KISSIMMEE, Fc. 30 City/State and Zip C		
AHERRERO & KSSGNZE E-mail address: (to be used for future	re annual report notification)	
For further information concerning this r	matter, please call:	
Aruguso Herrono	at (407) 342-8269 Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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	

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. N	Name of the limited liability company: Kings Securce S	polutions, LLC
2. (a	(b)	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10501 S. ORANGE AVE. STEIL	
	ODLK100,FC. 32824	
_		000110633
3.	Date of filing/registration in Florida 4.	Document number
5. (a		_
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	e:
		_
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	3832 SHOREVIEW DR.	_
	Kissimmer , FL 34744	·
· (b)	ABHALDO HERRERO	THAR 31
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	3 737
		्रे िण
	3832 SHODEVIEW DE.	
	NEW Registered Office Address:	
		4 2
	KISSIMMEE ,FL BY744	
		-
If the	limited liability company is not organized under the laws of the State of Floange or changes are made, the Florida street address of the registered office	orida, it is hereby confirmed that after
agent	will be identical. Or, in the case of a Florida limited liability company, it is	s hereby confirmed that the change(s)
was/v the ar	vere authorized by an affirmative vote of the members of the limited liability incles of organization or the operating agreement of the limited liability con	y company or as otherwise provided in
	Who day	· ·
Sign	ature of a member or authorized representative of a member	Printed or typed name of signee
I herovis the obto to mei notific	eby accept the appointment as registered agent and agree to act in this captions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 605 sely reflect a change in the registered office address, I hereby confirm that sed in writing of this change.	acity. I further agree to comply with the duties, and I am Jamiliar with and accept, F.S. Or, if this document is heing filed the limited liability company has been
Signat	ure of Registered Agent	
Signal	are of Registered Agent	