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SECRETARY OF STATE
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EXAMINER

COVER LETTER

	COVERLETTER	
TO: Registration Section Division of Corporations		
SUBJECT: Kaendi, (Name of	LLC f Limited Liability Company)	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Katherine B Raulerson	1	
Kaendi, LLC (Firm/Company)	TALLAHA	2009 HAR 25
(Address)	LLAHASSEE, FLORIDA	S AM 9: 57
Tampa FL 33617 (City/State and Zip Code)	======================================	# 57
For further information concerning this matte	er, please call:	
Katherine Raulerson (Name of Person)	at (813) 601-3708 (c) (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	g amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Na	me of the limited liability company: Kaend	, LLC			
2 (a)	Principal office address of limited liability company	: 6302 E 113+	h Ave		
D. (U)	(Note: MUST BE STREET ADDRESS)	Tampa FL 330	217		

(h)	Mailing address of limited liability company:	6302 E 1/3+6	Aue		
(0)	(Note: MAY BE POST OFFICE BOX)	Tampa FL 33	617		
		.			
	lay 29, 2008	L08000053	062		
3. Da	te of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida	Dept. of State:		
	Registered Agent:	Corporrect A SIS East Par	Igents Inc		
	Desistant Office Address.	CIE E AD		(154)	
	Registered Office Address:	Tallahassee H	-L 3230/-	ज़ ज ज अ''	
			~ ~ ~ ~ 	(100 de	
			SER	E T	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office add	Iress: FLC AT 9	Address &	
	NEW Registered Agent:	Katharine B A	Paule Son		
	NEW Registered Office Address:	6302 E 113+L	6302 E 113+L Ave		
	(MUST BE FLORIDA STREET ADDRESS)	770	EL 224 (C)		
		Tampa	,FL_ <u>3361/</u>		
that a office hereb liabili limite	limited liability company is not organized under the fter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of a liability company.	t address of the registered	l office and the busine	22	
(Dulanto	therne B Raulerson	_			
	d or typed name of signee)	and the afficiency	to I for the same of the		
I her comp am fa F.S. confi	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pri miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a c my that the limited liability company has been notified	gree to act in this capacitoper and complete perform as registered agent as prochange in the registered of In writing of this change	ly. I further agree to mance of my duties, at ovided for in Chapter office address, I hereby it.	nd I 608, v	
(Signa	athtrure B Lauluson ture of Registered Agent)				

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