

L080000064510

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** K1 Ivy, LLC

(Name of Corporation)

**DOCUMENT NUMBER:** L 08000064510

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARRY T. HACKNEY  
(Name of Contact Person)

CAMPIONE & VASON, P.A.  
(Firm/Company)

2750 DORA AVENUE  
(Address)

TAVARES, FLORIDA 32778  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

HARRY T. HACKNEY  
(Name of Contact Person)

at ( 352 ) 343-4561  
(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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. Name of the limited liability company: K1 Ivy, LLC

2. (a) Principal office address of limited liability company: 5632 ROUND LAKE ROAD  
APOPKA, FLORIDA 32712  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 5632 ROUND LAKE ROAD  
APOPKA, FLORIDA 32712  
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida

L 08000064510

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

STEPHANIE T. SCHWAB

Registered Office Address:

5632 ROUND LAKE ROAD  
APOPKA, FLORIDA 32712

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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

KRISTINA L. RICE, C.P.A.

NEW Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**)

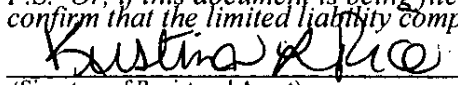
32105 HICKORY LANE  
SORRENTO, FLORIDA 32776  
, FL

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)

(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 608, 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.

  
(Signature of Registered Agent)

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

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY K1 Ivy, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is K1 Ivy, LLC.
2. The name and the Florida street address of the registered agent and office are:  
Kristina L. Rice, CPA  
32105 Hickory Lane  
Sorrento, Florida 32776  
(Post office box is NOT acceptable.)

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STATE OF FLORIDA  
TALLAHASSEE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 608, Florida Statutes.

  
\_\_\_\_\_  
Kristina L. Rice, Registered Agent