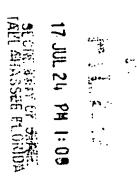
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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
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TO: Registration Section Division of Corporations	
SUBJECT: Studio of Kitchen De Name of Limi	Sign LC ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Ric Singleton Name of Person	
Studio of Kitchen Design Firm/Company	LC
11326 Seminole Blud. Address	
Largo FI 33778 City/State and Zip Code	
Studio @ kdsone - Com E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	.II:   
Naney Dissinger at (	727 ) 329 - 8831 Arca Code & Daytime Telephone Numbe
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	S55 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.

1 107 1140	··	
I. Na	me of the limited liability company: Audic of Kita	hen Design LC
2. (a)	11326 Seminale Blud Larga F1 33778 Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4.	L0800084317  Document number
5. (a)	Short I Dississes	
(b)	Registered Agent and Registered Office shown on the records of the Flo  11326 Seminals Blue Largo Fl 3:  Registered Office Address (MUST BE FLORIDA STREET ADDR.)  FL  Enter name of NEW Registered Agent and/or NEW Registered Office  NEW Registered Office Address:	17 JUL 24 PI
	same	
	, FL	
the cha agent v was/w the art	imited liability company is not organized under the laws of inge or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limit	egistered office and the business office of the registered y company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in ed liability company.
Signa	flire of a member or authorized representative of a member	Sr. HT 1) 15511192V Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agree to tons of all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for cly reflect a change in the registered office address. I herehalin writing of this change.	rmance of my auties, and i am familiar with and accept in Chapter 605 F.S. Or, if this document is being filed
Signati	ire of Registered Agent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00