

109000050819

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kelman Managers, LLC
Name of Corporation

DOCUMENT NUMBER: LD 90000 80819

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:

Jennifer Kelman
Name of Contact Person

Firm/Company
950 NE 3rd ave.
Address

Boca Raton, FL 33432
City/State and Zip Code

JVKEL6@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Kelman at (561) 504-1531
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2021

JENNIFER KELMAN
950 NE 3RD AVE
BOCA RATON, FL 33432

SUBJECT: KELMAN MANAGERS, LLC
Ref. Number: L09000080819

We have received your document for KELMAN MANAGERS, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 021A00005009

Rec 3/29

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: Kelman Managers LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

950 NE 3rd Ave.
Boca Raton, FL 33432

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

950 NE 3rd Ave.
Boca Raton, FL 33432

3. 8/20/2009 Date of filing/registration in Florida

4. L09000080819 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
102 NE 2nd Street, Suite 506
Boca Raton, FL 33432

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

Jennifer Kelman
NEW Registered Office Address:
950 NE 3rd Ave.
Boca Raton, FL 33432

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]
Signature of a member or authorized representative of a member

Jennifer Kelman
Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

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