

Sep. 8. 2015 9:10 AM

Crichton Mullings

No. 0012

L10000027709

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CRICHTON MULLINGS & ASSOCIATES PA  
Account Number : I20070000038  
Phone : (954)862-2250  
Fax Number : (954)862-2251

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: admin-us@crichtonmullings.com

**LLC REGISTERED AGENT CHANGE  
KINGSTON PROPERTIES MIAMI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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15 SEP -8 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 SEP -8 A 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kingston Properties Miami LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dawn Stimpson

Name of Person

CrichtonMullings & Associates PA

Firm/Company

3350 SW 148th Ave., Suite 203

Address

Miramar, FL 33027

City/State and Zip Code

admin-us@crichtonmullings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Stimpson

at ( 954 ) 862-2250

Name of Person

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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: Kingston Properties Miami LLC

2. (a) 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. August 31, 2015 Date of filing/registration in Florida

4. L10000027709 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1599 SW 159 Terr  
Pembroke Pines, FL 33027

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

NEW Registered Office Address:  
3350 SW 148th Ave., Suite 203  
Miramar, FL 33027

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Fayval Williams  
Signature of a member or authorized representative of a member

Fayval Williams  
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