Division of Corporations



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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE KLS GROUP INTERNATIONAL, LLC

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12/20/2024 11:39.08 PST. To. 18506176383 Page: 2/2 Fax: 8134365206

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. Na	me of the limited liability company: KLS GROUP IN	TERNAT	TONAL	_, LLC	
	7901 4th St N STE 300		7901 4th St N STE 300		
(, _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· 	Mailing address of limite (Note: MAY BE POS	
	St. Petersburg, FL 33702		St. Pe	etersburg, FL 33702	
	12/27/2010	-		0131869	
Ι.	Date of filing/registration in Florida	4.		Document number	
i. (a)	KRASTEL, MARIA T				
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept of	d'State:	
	10030 176TH LANE N.				
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS	Ù		
	JUPITER, FL	33478			
(b)	NORTHWEST REGISTERED AGENT LLC			,	
11/1	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		Č.
	7901 4TH ST N				· .
	NEW Registered Office Address				· · ·
	STE 300				
	ST. PETERSBURG	33702			
hange igent w vas/we he artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of eles of organization or the operating agreement of the l	registere bility co f the lim	ed offic mpany, ated lia	te and the business office t, it is hereby confirmed the ability company or as other	of the registered nat the change(s)
<u> </u>	ure of a member of authorized representative of a member	Nat ——	Smith		<u></u>
				Printed or typed name of	_
provisie he obli o mere	oy accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I'in writing of this change. Taylor Newman	ve to act performa I for in C vereby co	in this ince of hapter infirm t	capacity, 1 juriner agree my duties, and I am fami 605, F.S. Or, if this doc that the limited liability c	e to comply with the liar with and accept ument is being filed ompany has been

stered Agent