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D. SCOTT DEC 2.1 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: KVK Coastal LLC Name of	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Vick, Keeler Name of Person			
KVK CCXistal LLC Firm/Company			
6432 South Lagan Drit	<u>re</u>		
Parama City Bouch FL. City/State and Zip Code	324083		
KVKeeler Scs @ gmail. Com E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, pleas	se call:		
Vicki Keeler at	(85) , 814-8787		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
22 \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INH\$18 (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.

I. Na	ame of the limited liability company: KVK CCCiStal LLC	
2 (11)	(h)	
∠. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE E	
	6432 South Ligur Drive 6432 South Liquin Dr.	ive
	Parama City Beach Fr. 32408 Parama City Beach, Fr.	
	1-12-2011 L.11000X04879	
3.	\(\frac{1-2-2011}{\text{Date of filing/registration in Florida}} \) \(\frac{L\llocal \text{1/COXXO 4879}}{\text{4.}} \) \(\text{Document number} \)	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Chited States Corproton Agents Inc. Registered Office Address MUST BE FLORIDA STREET ADDRESS)	
	13302 Winding Oak Bird Suk A	
	Teinga .FL 33612	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : Vicki Keeler	
	NEW Registered Office Address:	
	6432 South Lagar Drive	
	Panamu City Bruch .FL 32408	
the cha agent w was/we	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that ange or changes are made, the Florida street address of the registered office and the business office of the will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the charger authorized by an affirmative vote of the members of the limited liability company or as otherwise profices of organization or the operating agreement of the limited liability company.	registered inge(s)
Signat	k Vill ture of a member or authorized representative of a member Vicki Keeler Printed or typed name of signee	
provision the obli- to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to complions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is bely reflect a change in the registered office address, I hereby confirm that the limited liability company his writing of this change.	v with the ind accept being filed as been
Signatur	tre of Registered Agent	