L1100016584

(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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B. KOHR

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EXAMINER



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COVER LETTER

Division of Corporations	27	
. CUD IECT.	Kerry's Papery	
SUBJECT:Name of	Limited Liability Company	
\ "	Dimited Blacking Company	
Dear Sir or Madam:	·	
The enclosed Registered Agent/Registered Ω	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
•		
:		
Kerry Millhiser	*	
Name of Person		
Kerry's Papery		
Firm/Company		
	•	
4101 Ravenswood Road, Suite	∋ 307	
Address		
Fort Lauderdale, Florida 333 City/State and Zip Code	<u>312 </u>	
Chy/state and Zip Code		
Kerry@KerrysPanery.com	1	
Kerry@KerrysPapery.com E-mail address: (to be used for future annual report in	notification)	
For further information concerning this matt	ter, please call:	
	71	
Kerry Millhiser	at (954) 547-3165	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section is	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following	ng 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 608.416 or 608.508, 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.

Name of the limited liability company:	Kerry's Papery, LLC		
2. (a) Principal office address of limited liability comp	oany:		
(Note: MUST BE STREET ADDRESS)	4101 Ravenswood Road, Fort Lauderdale, Florida 3	4101 Ravenswood Road, Suite 307 Fort Lauderdale, Florida 33312	
(b) Mailing address of limited liability company:	Same	9,00	
(Note: MAY BE POST OFFICE BOX)		基	
2/8/11	/ Ц ø 100001658	9	
3. Date of filing/registration in Florida	4. Document number	الله الله الله الله الله الله الله الله	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dep	t. of State: 🥦 🤚	
Registered Agent:	Agents and Corporations, Inc.		
Registered Office Address:	300 Fifth Avenue South Suite 101-330 Naples, FL 34102		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address	:	
NEW Registered Agent:	Kerry Millhiser		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4101 Ravenswood Road,	Suite 307	
	Fort Lauderdale	"FL <u>33312</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as ot or the operating agreement of the limited liability company of the limited liability company.	e Florida street address of the reg entical. Or, in the case of a Flori e(s) was/were authorized by an af	istered office da limited firmative vote	
Signature of a member or authorized representative of a member			
Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filled to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I proper and complete performanc position as registered agent as merely reflect a change in the reg any has been notified in writing o	further agree to e of my duties, rovided for in tistered office if this change.	

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