## L110000 89498

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SECRETARY OF STATE DIVISION OF CONFURATIONS

SEP 11 2012

T. HAMPTON

## COVER LETTER

TO:	Registration Section Division of Corporations				
SHRI	FCT·	RWS LLC			
Name of Limited Liability Company					
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the following:			
	Raymond W. Staton II				
	Name of Person				
	Firm/Company	<del></del>			
	4119 Mohawk Pl				
	Address				
	Naples/Florida/34112				
	City/State and Zip Code				
	Raymondstaton2@gmail.com	m			
Raymondstaton2@gmail.com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	Raymond W Staton II	at (			
	Name of Ferson	Area Code & Daynine Telephone Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section Registration Section				
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
	661 Executive Center Circle Tallahassee, Florida 32314				
	Tallahassee, Florida 32301	rananassee, Pionua 32314			
Enclosed is a check for the following amount:					
	□ \$25 Filing Eag	C \$55 Eiling Foo & Continual Control			
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (5/08)

## 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:	KW3 LLC		
	4119	Mohawk Pl	
2. (a) Principal office address of limited liability com	• •		
(Note: MUST BE STREET ADDRESS)	Naples, Florida 3411	2	
(b) Mailing address of limited liability company:			
(N.A. WAY DE DOCT OFFICE DOV)	4119 Mohawk Pl		
(Note: MAY BE POST OFFICE BOX)	Naples, Fl 34112		
August 4, 2011	L110000	89498	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shows Registered Agent:  UN	n on the records of the Florida	•	
Registered Office Address:	13302 Winding Oak (	JOUR	
	Tampa, FI 33612		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office add		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		4119 Mohawk Pl	
	Naples	,FL_34112	
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability on Signature of a member or authorized representative of a member	the laws of the State of Floricathe Florida street address of the identical. Or, in the case of a tage(s) was/were authorized by otherwise provided in the artical pany.	la, it is hereby e registered office Florida limited of an affirmative votes cles of organization ph 12: 05	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or If this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacine proper and complete performy position as registered agents of merely reflect a change in the apany has been notified in wri	ty. I further agree to inance of my duties, as provided for in the registered office ting of this change.	
Signature of Registered Agent			

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