

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000657963)))



H200000657963ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
 Account Name : REGISTERED AGENTS INC.
 Account Number : 120090000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

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

Email Address:

LLC REGISTERED AGENT CHANGE

KIN REAL ESTATE HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T327 13

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.

Torida.	KINDE	AL CCT	ATE HOLDINGS H.C
. Name of the l	imited liability company: KIN RE	AL ESTA	ATE HOLDINGS LLC
!. (a)		(b) _	
Princ	cipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2636 S	YDELLE STREET	2	636 SYDELLE STREET
SARAS	SOTA, FL 34237	S	ARASOTA, FL 34237
11/10/20	011	L1	1000128556
-	Date of filing/registration in Florida	4.	Document number
RIAHI, N	MAXIME		
	Agent and Registered Office shown on the records	of the Florida De	pp. of State:
Registered	Office Address (MUST BE FLORIDA STREE	<u>et address)</u>	
2636 S	YDELLE STREET		
SARA	SOTA	FL 34237	
	stered Agents Inc.	1 (200	
Enter name	of NEW Registered Agent and/or NEW Regists	ered Omce addre	<u></u>
7901	4th St N		~3
NEW Reg	istered Office Address:		Z020 F
STE 3			
			27
St. P	etersburg	, FL_33702	
the change or chagent will be ide was/were author the articles of or Signature of a me	anges are made, the Florida street address intical. Or, in the case of a Florida limite ized by an affirmative vote of the member ganization or the operating agreement of Eight Take	ed liability comers of the limite the limited lia	tate of Florida, it is hereby confirmed that after cred office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. Park Printed or typed name of signee In this capacity. I further agree to comply with the capacity of my duties, and I am familiar with and acceptagate 605, F.S. Or, if this document is being filed aftern that the limited liability company has been
noiffed in veritii	ig of this change.	stant Secreta	

Signature of Registered Agent