

L12 0000 38617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

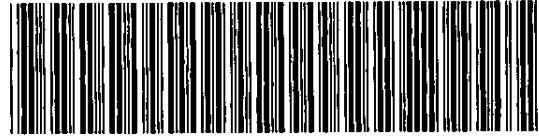
(Business Entity Name)

(Document Number)

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2013 JUN 24 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cuffigan JUN 25 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KINGDOM REALTY SERVICES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NOILI ALVAREZ

Name of Person

NOILI ALVAREZ

Firm/Company

2911 21TH ST W

Address

LEHIGH ACRES FL 33971

City/State and Zip Code

NOILIALVAREZ@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOILI ALVAREZ

Name of Person

at ( 239 ) 265-7867

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following 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.*

1. Name of the limited liability company: KINGDOM REALTY SERVICES LLC

2. (a) Principal office address of limited liability company: 25 HOMESTEAD RD N SUITE # 4  
**(Note: MUST BE STREET ADDRESS)** LEHIGH ACRES FL 33936

(b) Mailing address of limited liability company: PO BOX 513  
**(Note: MAY BE POST OFFICE BOX)** LEHIGH ACRES FL 33936

6/10/2013

3. Date of filing/registration in Florida

4. Document number

L120000 38617

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

NOILI ALVAREZ

Registered Office Address:

2911 21TH ST W  
LEHIGH ACRES FL 33971

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

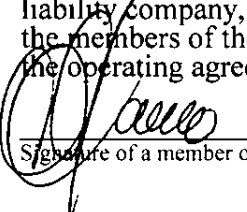
**NEW** Registered Agent:

NOILI ALVAREZ

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)**

25 HOMESTEAD RD N SUITE # 4  
LEHIGH ACRES FL 33936  
, FL 33936

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

NOILI ALVAREZ

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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