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COVER LETTER

_	istration Section 'sision of Corporations		•			
SUBJECT:	Kenneth N. Johnson					
Name of Limited Liability Company						
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning this	matter to the f	following:			
Kenneth N. J	ohnson					
	Name of Person		<u> </u>			
Kenneth N. J	ohnson, P.L.					
	Firm/Company					
4440 PGA B	oulevard, Suite 600					
	Address		_			
Palm Beach	Gardens, FL 33410					
	City/State and Zip Code					
kjohnson@ki	njlawfirm.com					
E-mail	address: (to be used for future annua	il report notifi	cation)			
For further i	nformation concerning this matter, p	lease call:				
Kenneth N. J	ohnson	561 at (467-5355			
	Name of Person	_ 41 (Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: cistration Section ision of Corporations Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following a	mount:				
■ \$	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (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.

2. (a)	4440 PGA Boulevard, Suite 600	(b	4440 PG	A Boulevard, Suite 600	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Palm Beach Gardens, FL 33410-6542		Palm Bea	ch Gardens, FL 33410-6542	
	9/17/2012	 I	L12000118	3504	
3.	Date of filing/registration in Florida	4.		Document number	
. (a)	Kenneth N. Johnson				
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Sta	 ite:	
	Kenneth N. Johnson				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	_	
	4400 PGA Boulevard, Suite 304			20	
	Palm Beach Gardens, F	L_33410		FILL SECRET	
(b)	Kenneth N. Johnson			2 2	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ade	dress:	999 3 3	
	Kenneth N. Johnson			M 9: 56	
	NEW Registered Office Address:				
	4440 PGA Boulevard, Suite 600			_	
	Palm Beach Gardens, F	L	542	_	
change agent v was/we he arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	e registere lability con of the limi e limited li	d office ar mpany, it ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
l herei provisi he obl o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performa d for in C hereby co	in this cap ince of my chapter 60 infirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been	

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