

L12000134578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

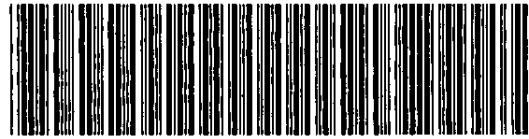
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/27/13--01004--006 **25.00

2013 OCT 11 AM 11:25
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 14 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kennedy 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:

Herb Kennedy
Name of Person

Kennedy LLC
Firm/Company

9595 123rd Way
Address

Seminole, FL 33772
City/State and Zip Code

hubek@ AOL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herb Kennedy at (727) 204-2480
Name of Person 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

RECEIVED
TALLAHASSEE, FLORIDA
2013 OCT 11 AM 11:25

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: Kennedy LLC

2. (a) Principal office address of limited liability company: 9595 123 RD WNY
Seminole, FL
33772
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: SAME AS ABOVE
(Note: MAY BE POST OFFICE BOX)

9-22-2012
3. Date of filing/registration in Florida

L12000134578
4. Document number

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

Registered Agent: The Company Corporation
Registered Office Address: PO Box 1339
Phila. PA
19101

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Herb Kennedy
9595 123 RD WNY
Seminole
FL 33772
(MUST BE FLORIDA STREET ADDRESS)

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]
Signature of a member or authorized representative of a member

Herb Kennedy
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]
Signature of Registered Agent

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2013

HERB KENNEDY
KENNEDY LLE
9595 123RD WAY
SEMINOLE, FL 33772

SUBJECT: KENNEDY LLC

2013 OCT 11 AM 11:25
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

We have received your document for KENNEDY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Please provided your Florida Department of State Document Number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 013A00022920