17000140280

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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B. BOSTICK

OCT - 4 2013

EXAMINER

COVER LETTER

TO;	Registration Section Division of Corporations	. · · · ·		- ** ** **	
SUBJ	Kaiden Builders, LLC				
	Name of	Limited Li	abil	ity Company	
Dear !	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office Cha	nge	and fee(s) are submi	itted for filing.
Please	e return all correspondence concerning	g this matte	r to	the following:	
B. d. music	- Franks				
Maria	a Fuentes				
	Name of Person				
	Firm/Company				
	Firm Company				78 28
1804	1 Teakwood Dr				2013 OCT -2 PK 12: 46 FALLAH ÄSSEE "FI ORIN
	Address			_	
					-2 PK 12: 46
Plan	t City, FI 33563				
	City/State and Zip Code			-	081 081
mari	afuentes@kaidenbuilders.com				- B
E	3-mail address: (to be used for future annual report	t notification)			
For fi	urther information concerning this ma	itter, please	call	:	
Mari	a Fuentes	813 at (477-4471	
	Name of Person	at (Area Code & Daytime Tel	ephone Number
	STREET/COURIER ADDRESS:		M	AILING ADDRESS:	
	Registration Section			gistration Section	
Division of Corporations Division		vision of Corporations			
	Clifton Building			D. Box 6327	1.4
	2661 Executive Center Circle Tallahassee, Florida 32301		1 8	llahassee, Florida 323	14
	Enclosed is a check for the follow	ving amour	ıt:		
	■ \$25 Filing Fee	-		55 Filing Fee & Cert	ified 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.

Name of the limited liability company: Kaiden Buik	ders, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	nny: 1003 S. Alexander St. Ste 10 Plant City, Fl 33563
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1003 S. Alexander St. Ste 10 Plant City, Fl 33563
11-05-2012	L12000140580
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:
Registered Agent:	Maria G Fuentes
Registered Office Address:	1804 teakwood Dr. A. B. Plant city, Fl 33563
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Maria G Fuentes
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1003 S. Alexander Sta Ste. 10 Plant City
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a number or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this dogument is being filed to address, I hereby confirm that the limited liability comp	ne laws of the State of Florida, it is hereby be Florida street address of the registered office entical. Or, in the case of a Florida limited be(s) was/were authorized by an affirmative vote of wise provided in the articles of organization or the control of th
address, I hereby confirm that the limited liability comp	any has been notified in writing of this change

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