## L13000013109

(Re	equestor's Name)		
(Ad	ddress)		
(Ac	ddress)		
(Ci	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Bi	usiness Entity Name)		
(De	ocument Number)		
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KINESISE LLC Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	•
FRANK MUTOKA Name of Person	
LINESIST LLC Firm/Company	<u></u>
12064 Sprite Pane Address	<del></del>
Ozbado FL 32832 City/State and Zip Code	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
Thonk Nutrika at (32) Name of Person	) 303 6276. Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
XI \$25 Filing Fee	SSS Filing Foo & Cortified 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.

(a)	12064 Sprite Lane Orlando, FL 32832	(b)	2064 Sprite Lane Orlando, FL 32832
(***)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	('')_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	010272417		
	01/25/2016		3000013109
	Date of filing/registration in Florida	4.	Document number
(a)	Frank Mutoka		
	Registered Agent and Registered Office shown on the records of	the Florida Dej	pt. of State;
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	5069 Walnutridge Drive		Si <b>20</b>
	Orlando . FI	32829	2022 AUG I
(b)	Frank Mutoka		S S S S S S S S S S S S S S S S S S S
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	N: III III III III III III III III III I
	12064 Sprite Lane		
	NEW Registered Office Address:		
	12064 Sprite Lane		
	Orlando , FI	32832	
. 13			
nge nt v /wc	mited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered o ability compa of the limited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
		Frank M	
	ure of a member withthorized representative of a member		Printed or typed name of signee

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

notified in writing of this change.

Signature of Registered Agen