Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003262373)))



H200003262373ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASMA & ASMA, P.A.

Account Number : 120060000067 Phone : (407)656-5750

Fax Number : (407)656-0486

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE KSNH LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Y SULKER

SEP 2 1 2020

Electronic Filing Menu

Corporate Filing Menu

Help

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)		(b)	
	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8866 DARLENE DRIVE	1	8866 DARLENE DRIVE
	ORLANDO FLORIDA 32836	(ORLAND FLORIDA 32836
	02/21/2013	L	.13000027410
	Date of filing/registration in Florida	4.	Document number
(a)			
	Registered Agent and Registered Office shown on the records	of the Florida D	Dept. of State:
	ASMA & ASMA P.A.		~
	Registered Office Address (MUST RE FLORIDA STREE 884 S DILLARD STREET	TADDRESS)	2
	WINTER GARDEN	FL	
		₽ 	
(b)			
	Enter name of NEW Registered Agent and/or NEW Register	red Office addr	en de la companya della companya della companya de la companya della companya del
	MUHAMMAD A. KHAN		
	NEW Registered Office Address:		
	8866 DARLENE DRIVE		
	ORLANDO	FL	
ange ent v s/we	imited liability company is not organized under the lear changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registered liability comp s of the limite ne limited liab	office and the business office of the registered spany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.
<i>ا ۱۰)</i> Signal	ture of a member of authorized representative of a member	_1.77	Printed or typed name of signee
			1 three of the or righter

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

Signature of Registered Agen