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Division of Corporations

: (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I2016CCC0048

: (800)345-4647

Phone Fax Number : (800) 432-3622

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

Email Address:

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LLC REGISTERED AGENT CHANGE KFB RIVERSIDE, LLC

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submits the jouowing statement in order to Florida.		114 or 605,0116, Florida Statutes, the undersigned limited liability company or change its registered office or registered agent, or both, in the State of				
1. Name of the Limited Liability Company: KFB RIVEF			RSIDE, LLC			
2. (a	428 WALNUT STREET			(b) 428 W	ALNUT STREET	
·	Principel office address of limited li (Note: MUST BE STREST)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	GREEN COVE SPRINGS, FL	32043		GREE	N COVE SPRINGS, FL 32043	
•	5/21/2013	791 . 7.3	- ,	L13000	0074077	
3.	Date of filing/registration is	r Florida	4.		Document number	
5. (2	B) DUVAL, STEPHEN J Registered Agent and Registered Office sho	we on the month of i	he Pine	ide Dent of Ste		
	428 WALNUT STREET	1111 010 010 100010, 01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ios copa os sa		
Registered Office Address (MUST BE PLORIDA STREET ADDRESS)						17
					_	£E8
	GREEN COVE SPRINGS		320	43	- .	
		, • •		•	-	5
(b	Capitol Corporate Services, I Enter name of NEW Registered Agent and		Office		_	
	Enior in con D. W. M. M. M. M. M. W.	OF MENY REDSHERES	Office	dated:		భ
	155 Office Plaza Dr Ste A					55
	NEW Registered Office Address:	-			-	
					_	
	Tailahassee	, FL	323	01		
ho ch Igent Visto	ange or changes are made, the Florida will be identical. Or, in the case of a	street address of Florida limited lia of the members of	the rophility f the li limited	gistered office company, it mited liability I liability con		1
_	ature of a manubar or authorized rapresentative				Printed or typed name of alguee	
l hero povis he ob o me o ottfic	thy accept the appointment as register ions of all statutes relative to the pro- ligations of my position as registered refy reflect a charge in the registered at in writing of this change	per and complete p agent as provided office address, I h	perjor for in ereby	mance of my Chapter 60 confirm that	pacity. I further agree to comply with it duties, and I am familiar with and acc. S. F.S. Or, if this document is peing fit the limited liability company has been	he epi ed
Signat	ure of Registered Agent			-	nt Secretary on	
					orate Services, Inc.	
	Division of Corp.	FILING FE			eoce, it jacky	

DH318 (2/14)