## L13000 104941

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Na	me)				
(Document Number)						
Certified Copies	_ Certificate	es of Status				
Special Instructions to Filing Officer:						
·						

Office Use Only



100270593271

03/16/15--01036--018 \*\*25.00

MAR 2 0 2015 T. CARTER

## **COVER LETTER**

TO: Registration Section Division of Corporations						
·						
SUBJECT: KERNIC LLC  Name of Limited Liability Company						
	лаопну Сопрану					
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:						
VICTORIA GROVE						
Name of Person						
KERNIC LLC						
Firm/Company						
5355 KNOLLWOOD 0PLACE						
Address	<u>—</u>					
Address						
SARASOTA FL 34232						
City/State and Zip Code						
OCEAN2250@GMAIL.COM						
E-mail address: (to be used for future annual report noti	fication)					
For further information concerning this matter, please call:						
VICTORIA GROVE 941	650-5976					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: M	IAILING ADDRESS:					
	egistration Section					
	vivision of Corporations					
S .	O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	allahassee, Florida 32314					
Enclosed is a check for the following amount:						
✓ \$25 Filing Fee	S55 Filing Fee & Certified 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

110110	iu.				
1. N	lame of the limited liability company: KERNIC LLC	3			
2. (a)	5355 KNOLLWOOD PLACE	(b)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liabil (Note: MAY BE POST OFF		-
	SARASOTA, FL 34243				
	7/07/0040		2000404044		
,	7/27/2013		3000104941		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a			•		
	Registered Agent and Registered Office shown on the records o	f the Florida Dept	t. of State:		
	3908 26TH ST W		·		
	Registered Office Address (MUST BE FLORIDA STREET	<u> ADDRESS)</u>			
		·····		5	IAT IS
	BRADENTON	34208		MAR	ECR
	,			Ž0	품질~
(b)	VICTORIA GROVE			9	SSE
` '	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	<del></del>	PΗ	<u> </u>
	VICTORIA GROVE			ယ္	STAT
	NEW Registered Office Address:				A A
	5355 KNOLLWOOD PLACE				
	SARASOTA , F	L_34232			
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registere liability compa of the limited e limited liabil	d office and the business office of any, it is hereby confirmed that the liability company or as otherwise lity company.	of the re	egistered ge(s)
4	uttrie Bear	VICTO	RIA GROVE		
•	ature of a member or authorized representative of a member		Printed or typed name of sign		
provis the ob to me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet pligations of my position as registered agent as provid rely reflect a change in the registered office address, i and in writing of this change.	ree to act in to e performance led for in Chap I hereby confir	nis capacity. I further agree to c of my duties, and I am familiar viter 605, F.S. Or, if this document of that the limited liability compo	omply with an it is be any has	wiin the id accept ing filed s been

Signature of Registered Agent

eteria Dine