

L13000119465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

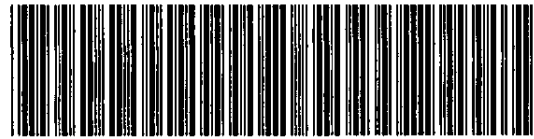
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*PK*

Office Use Only



100249823721

09/25/13--01005--007 \*\*25.00

2013 SEP 25 AM 8:37  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
SEP 27 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAMES KALENAK LLC  
Name of Limited Liability Company

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:

JAMES KALENAK  
Name of Person

JAMES KALENAK LLC  
Firm/Company

P.O. Box 2571  
Address

PALM BEACH, FL 33480  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES KALENAK at ( 561 ) 503-7606  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2008 SEP 25 AM 8:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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.

1. Name of the limited liability company: JAMES KALENAK LLC

2. (a) Principal office address of limited liability company: 215 MALVERNE ROAD #3  
(Note: **MUST BE STREET ADDRESS**) WEST PALM BEACH, FL 33405

(b) Mailing address of limited liability company: PO Box 2571  
(Note: **MAY BE POST OFFICE BOX**) PALM BEACH, FL 33480

8/22/13  
3. Date of filing/registration in Florida  
4. Document number L13000119465

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: JAMES KALENAK  
Registered Office Address: 236 LAKELAND DRIVE APT D  
WEST PALM BEACH, FL 33405

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** JAMES KALENAK  
**NEW Registered Office Address:** 215 MALVERNE ROAD #3  
(**MUST BE FLORIDA STREET ADDRESS**) WEST PALM BEACH, FL 33405  
,FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James Kalenak  
Signature of a member or authorized representative of a member

JAMES KALENAK  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

James Kalenak  
Signature of Registered Agent

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