Division of Cosporations 9/10/24 8:14 AM

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE KIFFOR INVESTMENT GROUP LLC

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9/10/2024 08:22:00 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

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.

1. N	lame of the limited liability company: Killor Investment	Group, LLC	
2. (a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	08/29/2013 Date of filing/registration in Florida		3000122360 Document number
5. (a	KIFFOR, SEAN R		
	Registered Agent and Registered Office shown on the records of 10363 SW 114th St Registered Office Address (MUST BE FLORIDA STREET). Suite B	the Florida De	pt. of State:
	Miami , FL	33176	SP 10 A
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N NEW Registered Office Address:	l Office addres	
	STE 300		· <u> </u>
	St. Petersburg	33702	
the chagent was/w the ar	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the latter of a member or authorized representative of a member	the register ability comp of the limited	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in illty company. th
_	·		Printed or typed name of signee
I here provis the ob- to met notific	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I did writing of this change.		this capacity. I further agree to comply with the ee of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed frm that the limited liability company has been
,	Taylor Newman - Assistant S	ecretary	