13000150079

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



500305117325

11/09/17--01009--027 **150.00



NOV 1 4 2017 Y SULKER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: KINGSEAL LLC	ne of L	imited Lial	pility Company
Dear S	iir or Madam:			•
Deal 3	iii o Madaii.			
The en	sclosed Registered Agent/Registered Off	ice Cha	ange and fe	ee(s) are submitted for filing.
Please	return all correspondence concerning th	is matt	er to the fo	llowing:
Mr. S	Shyamie Dixit, Esq.			
	Name of Person		_ 	••
Dixit	Law Firm			•
	Firm/Company	7		-
3030	N Rocky Pt Dr W #260			
-	Address			-
Tamp	pa, FL 33607			
-	City/State and Zip Code			_
sdixit	t@dixitlaw.com			
	E-mail address: (to be used for future and	ual rep	ort notific	ation)
For fu	rther information concerning this matter,	, please	call:	
Shya	mie Dixit	at (813	252-3999
	Name of Person	" " \	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: MAILING ADDRESS:			
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations P.O. Box 6327		
	Clifton Building	1661 Executive Center Circle Tallahassee, Florida 32314		
	Tallahassee, Florida 32301		1 8111	miassec, l'ioriua 32314
	Enclosed is a check for the following	g amou	nt:	
	2 \$25 Filing Fee		□ \$55	Filing Fee & Certified Copy
INHSI	8 (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.

1.	Name of th	e limited liability company: KINGS	EAL LLC			
2. (8	5005 9	SAN MARINO CIRCLE	(t	5005 S	AN MARINO C	IRCLE
		rincipal office address of limited liability company:	······································		~	nited liability company:
	LAVE	(Note: MUST BE STREET ADDRESS) EMARY, FL 32746		LAKEA	-	<u>OST OFFICE BOX</u>)
	LANE	: IVIANT, FL 32/40	<u></u>	LAKE IV	1ARY, FL 3274	<u> </u>
_		10/24/2013	<u> </u>		L13000150079	
3.		Date of filing/registration in Florida	4.		Document numb	er
5. (a) WILLI	S, DAVID C			_	
	·	ed Agent and Registered Office shown on the records OLN PLAZE 300 SOUTH ORANGE		-	le:	
		ed Office Address (MUST BE FLORIDA STRE	_			
	•	E 1400 PO.BOX 1873		•		
	ORLA		FL 32801		_	
•		>	rL		-	
a	DIXIT	LAW FIRM, C/O SHYAMIE DIXIT	•. •			. .
``		ne of NEW Registered Agent and/or NEW Registe	red Office ad	dress:	_	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	3030	N ROCKY PT DR W SUITE 260				
	NEW Re	egistered Office Address:			_	1.6: 4.9
	TAME	PA	FL_33607		_	•
the cagen was/	hange or cl t will be id were autho	ability company is not organized under the hanges are made, the Florida street address lentical. Or, in the case of a Florida limited by an affirmative vote of the member organization or the operating agreement of the second street of the s	of the regit liability cors of the limited	stered offic ompany, it i sited liabilit liability cor	e and the business is hereby confirme ty company or as o	office of the registered that the change(s)
Sig	nature of a m	ember or authorized representative of a member			Printed or typed nan	ne of signee
prov the o to m notif	isions of all bligations erely reflect led if writi	t the appointment as registered agent and il statutes relative to the proper and complet of my position as registered agent as provided a change in the registered office addressing of this change.	agree to acc eie perform ided for in (, I hereby c	in this cap ance of my Chapter 60: onfirm that	acity. I further ag duties, and I am fo 5, F.S. Or, if this a the limited liabili	ree to comply with the amiliar with and accept document is being filed ly company has been