## 14000017034

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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Change of Age Name of Limit	Addre SS ed 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:		
Name of Person	<u></u>		
KCC Services LLC  Firm/Company  4410 NW 8th st			
Firm/Company			
4410 NW 8123			
Address			
COCONH Creek, F  City/State and Zip Code  Keyin Carpet Care  E-mail address: (to be used for future annual report	L33066 a) Gnail.com  honfication)		
For further information concerning this matter, please call:			
Keun Carter at (561) 441-9925  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		

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.

l.	Na	me of the limited liability company: KCC Skylices LLC
2	(a)	(b)
۷.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		4410 NW 8th St 4410 NW 8th St
		COCONUT Creek, PL 33066 Coconut creek, PL 33066
•		2/25/2015 <u>L14000007034</u>
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Agent and Registered Office shown on the records of the Profitor Dept. of State.
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		3201 NW 4th Ter #38 - current
		Pumpano Beach , FL 33064
	71.5	Kevin Carler (same)
	(b)	Enter name of NEW Pagistared Agent and/or NEW Pagistared Office address:
		VEW Participand Office Address:
		NEW Registered Office Address:  4410 NW 8th St  - NiE Wie
		Count Creek 33066
If t the	he l cha	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered
age	nt v	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
		cles of organization or the operating agreement of the limited liability company.
		ture of a member or authorized representative of a member    Revin Carly   Printed or typed name of signee
I h pro the to i not	ere ovisi obl mere ified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Sic	natr	re of Registered Agent

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