

LL4000027289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

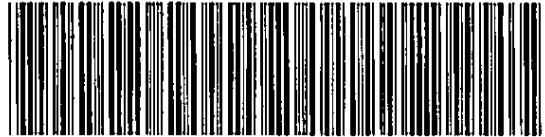
Special Instructions to Filing Officer:

RECEIVED

2017 AUG 14 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



100302013951

08/15/17--01001--001 **1075.00

FILED
AUG 16 2017
TALLAHASSEE, FLORIDA

D. SCOTT

AUG 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOSOAK HOLDINGS, "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:

JB ROTH

Name of Person

ROTH LAW FIRM PL

Firm/Company

6100 GREENLAND RD., SUITE 604

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

JB@ROTHLAWFIRM.NET

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

For further information concerning this matter, please call:

JB ROTH

Name of Person

at (904) 595-7900

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

FILED
JAN 15 2014
TALLAHASSEE, FL

**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 the limited liability company: KOSOAK HOLDINGS, "LLC"

2. (a) 188 TWELVE OAKS LANE (b) 188 TWELVE OAKS LANE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

PONTE VEDRA BEACH, FL 32082

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

PONTE VEDRA BEACH, FL 32082

02/18/2014

3. Date of filing/registration in Florida

L14000027289

4. Document number

5. (a) ROTH LAW FIRM PL

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

234 CANAL BLVD

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

SUITE 2

PONTE VEDRA BEACH, FL 32082

(b) ROTH LAW FIRM PL

Enter name of NEW Registered Agent and/or NEW Registered Office address:

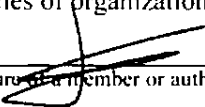
6100 GREENLAND ROAD

NEW Registered Office Address:

SUITE 604

JACKSONVILLE, FL 32258

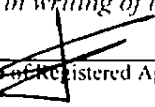
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

JEAN B ROTH, AUTH. REPRESENTATIVE

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 605, 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.


Signature of Registered Agent

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