

Office Use Only



CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 349436 158571A								
AUTHORIZATION : South Eleman								
COST LIMIT : ()\$ 25.00								
ORDER DATE : December 23, 2021								
ORDER TIME : 9:31 AM								
ORDER NO. : 349436-015								
CUSTOMER NO: 158571A								
<u>CHANGE OF AGENT</u>								
NAME: KOPA, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Alexxis Weiland EXT#								

EXAMINER:

COVER LETTER

1

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SUBJE	CT: KOPA, LLC Name of Limited Liability Company							
Dear Si	r or Madam:							
The enc	losed Registered Agent/Registered (Office Change and for	ee(s) are submitted for filing.					
Please r	eturn all correspondence concerning	this matter to the fo	ollowing:					
Tricia R	Robinson							
	Name of Person		_					
KOPA,	rrc							
	Firm/Company		_					
5900 La	ake Ellenor Drive, Suite 700C							
_	Address		_					
Orlando	o, FL 32809							
	City/State and Zip Code	e	_					
ceo@a	vantegroup.com							
E-	mail address: (to be used for future a	innual report notific	ation)					
For furtl	her information concerning this matt	er, please call:						
John C.	Hornack	954 at (734-4409					
	Name of Person		Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the followi	ng amount:						
	■ \$25 Filing Fee	□ \$55	☐ \$55 Filing Fee & Certified Copy					

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.	Na	ime of the limited liability company: KOPA, LLC							
2.	(a)		((b)					
	, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		5900 Lake Ellenor Drive, Suite 700C		5900 La	ake Ellenor Drive	e, Suite 70	0C		
		Orlando, FL 32809		Orlando	o, FL 32809		_		
		02/20/2014		L140000	30951				
3.		Date of filing/registration in Florida	4.		Document nu	ımber			
5.	(a)								
<i>J.</i> (a	(4)	Registered Agent and Registered Office shown on the records of	tate:						
		Tricia L. Robinson							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<u> </u>	202		
		5900 Lake Ellenor Dr., Suite 700C				A DEC		ر سامنع اس ان	
		Orlando FI.	32809		_	27 DEC 27 JECRE (1997 TALL /		er.	
							1227 122	·	
((b)	Enter name of NEW Registered Agent and/or NEW Registered O					<u>ب</u>	±3 ;	
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:			00:		
		Corporation Service Company							
		NEW Registered Office Address:							
		1201 Hays Street			_				
		Tallahassee	32301						
			´— 		_				
cha aga wa	ange ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lir	red office a ompany, it nited liabil	and the business is hereby confi lity company or	office of trmed that t	he regi he cha	stered nge(s)	
				•	on, President				
Signature of a member or authorized representative of a member					Printed or typed name of signee				
pre the to	ovisie obli mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If I in writing of this change.	ee to ac perform d for in hereby c	t in this ca jance of m Chapter 60 confirm tha	pacity. I further y duties, and I a 05, F.S. Or, if th t the limited lian	r agree to o m familiar his docume bility comp	comply with a ent is be cany he	with the accept eing filed is been	
Sin	<u>///</u> znatui	expus Weiterd, assistant va president							