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| (Re | equestor's Name) | | | | | | |
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| (Ad | ldress) | | | | | | |
| (Ad | ldress) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL. | | | | | |
| (Bu | isiness Entity Nar | me) | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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SCERETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: KTLC LAN, LLC | |
| | mited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Char | nge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matte | r to the following: |
| Todd Mayo Name of Person | 2014 MAR 21 SCORE 140 TALL AHASS |
| Firm/Company | SEE FLOOR STA |
| 2235 80 th Ct. Address | |
| Vero Beach, FL 32966 City/State and Zip Code | |
| E-mail address. Two we used for future annual repo | mail·com |
| For further information concerning this matter, please | call: |
| Todd Mayo at (at (| 978) 270 - 2010 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 amoun | ıt: |
| \$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.

| 1. Na | me of the limited | l liability company: | KTLC | LAN, | LLC | | |
|-------------------------------|--|--|--|---|--|--|-----------------------|
| 2. (a) | | | (b) | | SAME | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | VEKO | BEACH, FL | 32960 | . | | | |
| | | 3/2014 | 45450 | | L14000 | | |
| 3. | Date of | filing/registration in | n Florida | 4. | Document n | umber | |
| 5. (a) | Registered Agent ar | Tax Lien Cond Registered Office show | whon the records of th | e Florida Dept. of | State: | 2014 MAR 2 SLORE NO | <u>_</u> |
| | 2055 Registered Office / | US HWY I Address (MUST BE F | LORIDA STREET AL | DDRESS) | - | 第二 一 | F |
| | YERG | BEACH | , FL_ | 32960 | | PH 3: 08 OF STATE E. FLORIDA | |
| (b) | Tod & Enter name of NEV | Mayo WRegistered Agent and | or <u>NEW Registered C</u> | Office address: | | | |
| | 2235 | 80th Ct. | | | | | |
| | NEW Registered C | | | | | | |
| | VERO | BEACH | , FL_ | 32966 | | | |
| the cha agent v was/we | nge or changes a vill be identical. ere authorized by | ompany is not organize made, the Florida Or, in the case of a an affirmative yote ion or the operating | street address of t Florida limited liab of the members of | he registered of bility company, the limited liab | ffice and the busing it is hereby confoility company or | iness office of the firmed that the cha | registered ange(s) |
| (| -/udd | Z Mu | W | Toda | 15. M | AYU | |
| E | • | authorized representative | | | • | ed name of signee | |
| provisi the obl to mere | one of all statute | pointment as register s relative to the proposition as registered ge in the registered ts change. | ner and complete n | ertormance of | my duties, and L | am tamiliar with a | and accept |
| Signatu | re of Registered Age | \sum_{i} IM | <u>uys) </u> | | | | |