L1400041823

Robert R. Lucas		
(Requestor's Name)		
(Requestor's Name) 332 Shadow Creek		
(Address)		
(Addison)		
Brentwood In 37027		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		



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SECRETARY OF STATE
AND ANASSEE FLORID

N CARROL DOLLARS

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: KRISTINA L	ICAS DESIGNS LLC
	b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2631-A NW 41 ST STYEET	332 SHADOW CREEK Drive
GAINESVILLE, FL 32606	BYENTWOOD, TH 37027
3-24-14 * NAME CHANGE ALSO	L14000047823
3. Date of filing/registration in Florida 4.	Document number
5. (a) Robelt R. Lucas	
Registered Agent and Registered Office shown on the records of the Florid	da Dept. of State:
28730 ACTESSA WAY, #201	
Registered Office Address (MUST BE FLORIDA STREET ADDRES	S) AFE
	A P
BONITA SPVINGS, FL 34	4/35
(b) WILLIAM D. KING CPA	ddress:
Enter name of NEW Registered Agent and/or NEW Registered Office a	ddress:
263/-A NW 4/5T SNEET	Pm D
NEW Registered Office Address:	·
	
CATNESVILLE , FL 320	606
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the regagent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the limited the articles of organization of the operating agreement of the limited signature of a member or authorized representative of a member. I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor the obligations of my position as registered agent as provided for it to merely reflect a change in the registered office address. I hereby notified in writing of this change.	gistered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in a liability company. Printed or typed name of signee That the canacity I further agree to comply with the

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