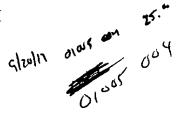
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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IV SEP 20 AN 7: 2: SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Division of Corporations	,					
KF Servicez LLC						
***************************************	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	ce Change and f	ee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the fo	ollowing:				
Cindy Seelig						
Name of Person		_				
KF Servicez LLC						
Firm/Company		_				
5517 110th Ave N, H-108						
Address		_				
Pinellas Park FL 33782						
City/State and Zip Code		_				
kfservicez@gmail.com						
E-mail address: (to be used for future annu	al report notific	cation)				
For further information concerning this matter, p	please call:					
Cindy Seelig	727	424-4782				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations					
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	<b>□</b> \$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. N	ame of the limited liability company: KF Servicez	LLC	····		
2. (a)		(	(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)	
3.	April 2, 2014  Date of filing/registration in Florida		L14000	0055498 Document number	
5. (a)			<b></b>	<del></del>	
	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of !	State:	
	9823 82nd Street N  Registered Office Address (MUST BE FLORIDA STREET)	ANDRE	PC)		
	Registered Office Address	AUDKES	<u>रंग</u>	LLAI S	
	Seminole , FI	L33777	7	FILED SEP 20 AN 7: 2 RETARY OF STATE AHASSEE, FLORIDA	
(b)	Cindy Seelig			FS <b>≥</b> O	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	7: 22 ATE RIDA	
	5517 110th Ave N, H-108			- N	
	NEW Registered Office Address:			<u> </u>	
	Pinellas Park , Fi	33782	2		
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the reg iability of of the li	sistered of company, mited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mei	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I gat it writing of this change.	ree to a e perfori ed for in hereby	ct in this c nance of i Chapter confirm th	capacity. I further agree to comply with the ny duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Signat	ure of Registered Agent				
~	Division of Corporations • P.O.	Box 632	27• Talla	hassee. FL 32314	
	FILING F				