

L140000 73254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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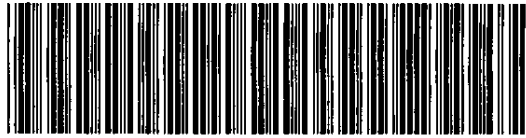
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
15 APR 13 PM 3:29

APR 14 2015  
T. CARTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2015

KERMIT RYDELL  
KALE KULA PARTNERS LLC  
P.O. BOX 10051  
HONOLULU, HI 96816 US

SUBJECT: 411 GOLD, LIMITED LIABILITY COMPANY  
Ref. Number: L14000073254

We have received your document for 411 GOLD, LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal office address must be listed in section 2(a).

The mailing address must be listed in section 2(b).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 815A00006271

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 411 Gold, Limited Liability Company  
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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

KERMIT RYDELL at ( 808 ) 227-0150 (HAWAII TIME)  
Name of Person 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

**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: 411 Gold, Limited Liability Company

2. (a) THOMAS BRYANT (b) KERMIT RYDELL  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

5520 2nd Way North P.O. Box 10051  
St. Petersburg FL 33703 HONOLULU HI 96816

3. 04/30/2014 4. L14000073254  
Date of filing/registration in Florida Document number

5. (a) BRYANT, THOMAS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5520 2nd Way North  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
St Petersburg, FL 33703

(b) InCorp Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North  
NEW Registered Office Address:  
Loxahatchee, FL 33470

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] KERMIT RYDELL  
Signature of a member or authorized representative of a member Printed or typed name of signee

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] on behalf of InCorp Services, Inc.  
Signature of Registered Agent

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

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SECRETARY OF STATE  
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