

L 14 0000 74910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

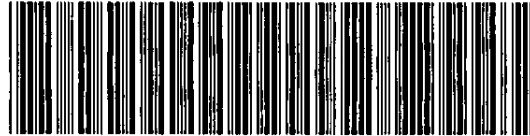
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300269218973

02/09/15--01018--011 \*\*35.00

FILED  
15 MAR -3 AM 10:50  
OFFICE OF STATE  
CLERK  
TOLSON, MISSOURI

LLC  
RACH

3/4/15

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2015

MUJEEB AKHTER  
KAMSON & SONS, LLC  
10689 OLD HAMMOCK WAY  
WELLINGTON, FL 33414

SUBJECT: KAMSON & SONS, LLC  
Ref. Number: L14000074910

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a STATEMENT OF CHANGE OF REGISTERED AGENT/REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Darlene Connell  
Regulatory Specialist III

Letter Number: 715A00003869

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kamson & Sons, LLC

\_\_\_\_\_  
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:

Mujeeb Akhter

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

Kamson & Sons, LLC

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

10689 Old Hammock Way

\_\_\_\_\_  
Address

Wellington, FL 33414

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

mujeeb6@comcast.net

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

For further information concerning this matter, please call:

Mujeeb Akhter

at (Cell) (954) 571-1690

\_\_\_\_\_  
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: Kamson & Sons, LLC

2. (a) Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*

10689 Old Hammock Way

Wellington, FL 33414

(b) Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*

10689 Old Hammock Way

Wellington, FL 33414

May 08, 2014

L14000074910

3. Date of filing/registration in Florida

4. Document number

5. (a) United States Corporation Agents, Inc

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

13302 Winding Oak Court, A

Tampa, FL 33612

(b) Mujeeb Akhter

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

10689 Old Hammock Way

Wellington, FL 33414

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.

Mujeeb Akhter  
Signature of a member or authorized representative of a member

MUJEEB AKHTER  
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.*

Mujeeb Akhter  
Signature of Registered Agent

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

FILED  
15 MAR -3 AM 10:50  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS