## L14000091893

(Requestor's Name)						
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(Cit	ty/State/Zip/Phone i	#)				
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☐ PICK-UP	WAIT	MAIL				
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Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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D. SCOTT

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2017

DESTINY BAYLOR
PARACORP INCORPORATED
2804 GATEWAY OAKS DR #100
SACRAMENTO, CA 95833

SUBJECT: K&D SCHWARTZ, LLC

Ref. Number: L14000097823

We have received your document for K&D SCHWARTZ, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 417A00026321

## COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: K&D SCI	HWARTZ, LLC			
	Name	of Limited Li	ability Company	
Dear Sir or Madam:				I
The enclosed Registered	Agent/Registered Offic	e Change and	fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this	matter to the f	ollowing:	
Destiny Baylor				
	Name of Person		_	
Paracorp Incorporat	ed			
	Firm/Company		<del></del>	
2804 Gateway Oaks	s Dr #100			
	Address		<del></del>	
Sacramento, CA 95	833			
Cit	y/State and Zip Code	·	_	
paracorp@myparac	orp.com			
.E-mail address: (to	be used for future annu	al report notiti	cation)	1. Cá
For further information	concerning this matter, p	olease call:		the state of the s
Destiny Baylor		800 at (	533-7272	
Name o	f Person		Area Code & Daytime Telepl	none Number = 5
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations g Center Circle	Re <sub>l</sub> Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	100 S
Enclosed is a c	heck for the following a	amount:		ı
☑ \$25 Filing F	re	□ \$s	5 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

Plo	ride					
1.	Na	me of the limited liability company: K&D SCHWA	RTZ, LI	_C		
2 (		1126 READING DRIVE				
2. (a)		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing addr		ress of limited liability company: LAY BE POST OFFICE BOX)	
		ORLANDO, FL 32804		ORLANDO, FL 328	304	
			_			
			<del>_ ,,</del>			
		06/18/2014		L14000097823		
3.		Date of filing/registration in Florida	4.	Document n	umber	
5.	(a)	B&C Corporate Services Registered Agent and Registered Office shown on the records of t	OF (the Florida	Central Floric Dept. of State:	da,	
					i	
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
		390 N grange Ave STE	140	D		
		orlando ,FL	_32	301		
	/L \	Paracorp Incorporated			سر س	
(	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	過う河	
		155 Office Plaza Drive, 1st Floor				
		NEW Registered Office Address:			ク目の	
					,	
		Tallahassee ,FL	323	01		
the age was	cha nt v	imited liability company is not organized under the layinge or changes are made, the Fiorida street address of will be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regisability co the lim	tered office and the bus mpany, it is hereby cont ited liability company o lability company.	iness office of the registered firmed that the change(s)	
S	igna	ture of a member or authorized representative of a member		Printed or type	ed name of signee	
pro the to r	visi obl nero	by accept the appointment as registered agent and aground ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if it is writing of this change.	performe d for in C hereby co	in this capacity. I furth mce of my duties, and I hapter 605, F.S. Or, if infirm that the limited li	er agree to comply with the ani familiar with and accept this document is being filed ability company has been	
Sig	:):B!U	re of Registered Agen: Without Vong Anistant So	ord ord			

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