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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2015

KRIS SAHADEO 14644 CABLESHIRE WAY ORLANDO, FL 32824

SUBJECT: K & K INVESTMENTS OF ORLANDO, LLC

Ref. Number: L14000136452

We have received your document for K & K INVESTMENTS OF ORLANDO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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 Mason Regulatory Specialist II

Letter Number: 415A00021892

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: K & K INVESTMENTS OF OrLANDO, 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:		
Kris Sahadeo Name of Person		
K&K Investments of Orlando, LLC Firm/Company		
14929 Indigo Lake Dr. Address		
OrLando/Florida 32824 City/State and Zip Code		
Kris Sahadeo at Kw. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Kuis Sahadeo at (407) 844-6736 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

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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

Florida.	
1. Name of the limited liability company: 片ま K エル Vをらせ	tments of orlando, LL
2. (a) Khaim Neuth Jawah; v (b) Kh Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
759 WINDrose Dr	759 WINDrose Dr.
Orlando FL 32824 Or	Lawbo, FL 32824
3. Date of filing/registration in Ptorida 4.	Document number
5. (a) Khaimwauth Jawahir Registered Agent and Registered Office shown on the records of the Florida Dept. of	of State: .
Registered Office Address (MUST RE FLORIDA STREET ADDRESS) 759 Wiw Prose Dr. Or Law Do FL 328 (b) Kris Sahadeo Enter name of NEW Registered Agent and/or NEW Registered Office address:	2015 OCT 23 A II: 23
NEW Registered Office Address: 14929 Indigo Lake [) <u>~</u>
Orlando FL 328	24
If the limited liability company is not organized under the laws of the State the change or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida limited liability company was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability of a member of a member or authorized representative of a member	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in by company.
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapte to merely reflect a change in the registered office address, I hereby confirm notified in writing of this change.	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed that the limited liability company has been
Signature of Registered Agent	

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