L14000181281

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone#	<u> </u>	
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(Bu	siness Entity Name)	
(Document Number)			
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2014

JENNIFER REMBOLD / REMBOLD, LLC 7413 RAWSON COURT NEW PORT RICHEY, FL 34655 US

SUBJECT: REMBOLD, LLC. Ref. Number: L14000181281

We have received your document for REMBOLD, 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, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

Carolyn Lewis Regulatory Specialist II

Letter Number: 714A00026023

COVER LETTER

Division of Corporations	
SUBJECT: Renlald, LLC Name of Lim	
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Jennife- R. Rembold	
Name of Person	
Real II ILC.	•
Firm/Company	
7413 Kalson Court	
Address	
New Port Richery FL City/State and Zip/Code	3/655
City/State and Zip/Code	
Jenny Rembell O Hotma. E-mail address: (to be used for future annual repor	1.Cum
For further information concerning this matter, please ca	all:
Jeny Renkold at (0	Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	·
Enclosed is a check for the following amount	:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14) Already Sulmitted	

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.		egisterea agent, or both, in the state of
1. Name of the limited liability company: ken bold ,	LLC.	
2. (a)	_ (b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Ŋ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7413 Rouson Court	74	13 Knyson Cowt
New Port Rider, FL 34655	Ne	en lost, Richy, FL 3/6
11/21/2014	<u>L14</u>	1000 1812 81
3. Date of filing/registration in Florida	4.	Document number
5. (a) Bryan R. Renlud		_ 414003181281
Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State	e:
· 域。		_
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
7413 Rawson Court		٠ يئ
New Port Nichey , FL	34655	J40
(b) Jennifer R. Rembold		RETARION OF C
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	P
7		PH 3: 06
NEW Registered Office Address:		06 JON
7413 Rawson Court		- . ""
New Port Richey , FL	34655	
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of tagent will be identical. Or, in the case of a Florida limited lial was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l	the registered office bility company, it is the limited liability imited liability com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had notified in writing of this change	ee to act in this cape performance of my c for in Chapter 605 ereby confirm that i	pacity. I further agree to comply with the

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