

44 000195544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

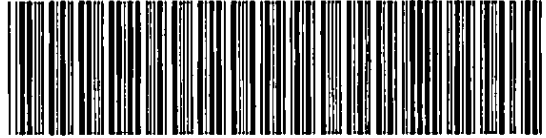
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV -9 PM 5:07
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

DEC 15 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Karma 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:

Brenda Karr

Name of Person

Karma LLC

Firm/Company

48 Casa del Monte Court

Address

Glenwood Springs, CO 81601

City/State and Zip Code

karmal.lc@aol.com

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

For further information concerning this matter, please call:

Brenda Karr

321

437-7102

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee *Check # 2097* ☐ \$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.

Karma LLC	
1. Name of the limited liability company: _____	
11821 Kent Grove Drive, Springhill, FL 34610	48 Casa del Monte Court, Glenwood Springs, CO 8160
2. (a) _____	(b) _____
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: <u>MUST BE STREET ADDRESS</u>)	(Note: <u>MAY BE POST OFFICE BOX</u>)
_____	_____
_____	_____
12/29/14	114000195544
3. _____	4. _____
Date of filing/registration in Florida	Document number
Brenda Karr	
5. (a) _____	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
1821 Remembrance Avenue	
Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u>	

St. Cloud	34769
_____ FL _____	
Brenda Karr	
(b) _____	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
11821 Kent Grove Drive	
<u>NEW Registered Office Address</u> :	


Spring Hill	34610
_____ FL _____	

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TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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 of a member or authorized representative of a member	Brenda Karr _____ Printed or typed name of signer
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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 of Registered Agent