

U4000196764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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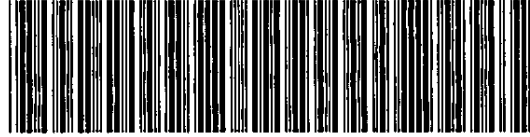
(Business Entity Name)

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TALLAHASSEE, FLORIDA

SEP 28 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kevin Gaines, CPA, 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:

Kevin Gaines

Name of Person

Kevin Gaines, CPA, LLC

Firm/Company

174 W. Comstock Ave., STE 202

Address

Winter Park, FL 32789

City/State and Zip Code

kgaines@kevingainescpa.com

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

For further information concerning this matter, please call:

Kevin Gaines

at (407)

702-6622

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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TALLAHASSEE, FLORIDA

**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: Kevin Gaines, CPA, LLC

2. (a) 174 W. Comstock Ave., STE 202 (b) 174 W. Comstock Ave., STE 202

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Winter Park, FL 32789

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Winter Park, FL 32789

12/31/2014

3. Date of filing/registration in Florida

L14000196764

4. Document number

5. (a) Kevin Gaines

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

7719 FOX KNOLL PLACE

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

Winter Park, FL 32792

(b) Kevin Gaines

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

174 W. Comstock Ave., STE 202

NEW Registered Office Address:

Winter Park, FL 32789

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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.

KG

Signature of a member or authorized representative of a member

Kevin Gaines

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.

KG

Signature of Registered Agent