Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000276420 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323) 962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE K2K FOODS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

S Warren

NOV 10 2016

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: K2K FOODS LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the	ne following:			
Cheyenne Moseley				
Name of Person				
Legalzoom.com, Inc.				
Firm/Company				
101 N. Brand Blvd., 10th Floor				
Address				
Glendale, CA 91203				
City/State and Zip Code				
krisztianzs@gmail.com	·			
E-mail address: (to be used for future annual report no	tification)			
For further information concerning this matter, please call:				
Cheyenne Moseleyat (800	773-0888 ext 9724			
Name of Person	Area Code & Daytime Telephone Number			
Registration Section F Division of Corporations E Clifton Building F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	\$55 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.

1.	Name of the limited liability company: K2K FOODS	LLC			
2. (8088 SAGO PALMIN	(b) 8088 SAGO PALM LN			
- · •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limit		
	BOYNTON BEACH, FL 33436	BOYNT	ON BEACH, FL	33436	
			· · · · · · · · · · · · · · · · · · ·		
	02/19/2015	L150000	31873		
3.	Date of filing/registration in Florida	4.	Document number		
5.	(a) CHRIS ZSOLCZAI				
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	1e:	63	
	8088 SAGO PALM LN				
	Registered Office Address (MUST RE FLORIDA STREET	ADDRESS)	AHAS	常 浑 丁	7
	BOYNTON BEACH	33436	- SS CD	TARY OF	~
		~ <u>~~~~~~~~~~~~</u>			
(b) Enter name of NEW Registered Agent and/or NEW Registered			ST B	J
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		A	
	United States Corporation Agents, Inc.		~ _	,,, co	
	NEW Registered Office Address;		,		
	13302 Winding Oak Court Suite A		_		
	Tampa , FI	33612	_		
the d ager was	ne limited liability company is not organized under the latchange or changes are made, the Florida street address of an interest of the identical. Or, in the case of a Florida limited liables authorized by an affirmative vote of the members of a price of organization or the operating agreement of the	f the registered offic ability company, it is of the limited liabili	e and the business of is hereby confirmed ty company or as of impany.	office of the register that the change(s)	
Sii	grature of a momber or authorized representative of a member	Kiisziian Zso	Printed or typed name	of simce	_
	ereby accept the appointment as registered agent and ag visions of all statutes relative to the proper and complete obligations of my position as registered agent as provide terely reflect a change in the registered office address, I	ree to act in this cap performance of nly id for in Chapter 60. hereby confirm that	• • • • • • • • • • • • • • • • • • • •	-	te ept ed
	Agents, Inc.	iey, assistant secretor	y on behalf of United S	Reles Corporation	
Sign	Division of Corporations • P.O.	Box 6327• Tallaha F.E.: \$25.00	ssce, FL 32314		
INIIS18		First \$45.810			