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15 NOV 25 PN 3: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 3 0 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kgra TCE of Valrico UC 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:	
Name of Person	
* Kong Ice of Valeico (C. Firm/Company	
* 12611 EARLY Run LANE Address	
Riveculew FL 33578 City/State and Zip Code	FILE 15 NOV 25 SECRETARY TALLAHASSE
E-mail address: (to be used for future annual report notification)	S PR
For further information concerning this matter, please call:	3 10 7.7 E
Name of Person at (813) 890-5009 Area Code & Daytime Telephon	e 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:	

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

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. N	me of the limited liability company: * Kona TCE of Valrico
2. (a)	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
K	- Wall Early Run LN 12011 EARLY Run LN
7	- Dell Early Run LN Dell Early Run LN Riverview FC 33578 Riverview FC 3357
	6/17/2015 - THIC# 119200024
3.	Date of filing/registration in Florida 4. Document number control # 102042658
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	823 Cypress village old
	Ruskin , FL 33573
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	- Idell Caut Min Co. BH =
	Riverview FL 33578
the chagent was/v	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Sign	ure of a member or authorized representative of a member TACOUTURE EATON Printed or typed name of signee
I her provi the ol to me	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

Signature of Registered Agent