

L15000096229

Florida Department of State
Division of Corporations
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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
KMW ASSOCIATES, LLC**

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

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2015 AUG 18 AM 8:04

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAGING PLACES 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

kwilliamstpa@gmail.com

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

For further information concerning this matter, please call:

Imelda Vasquez

Name of Person

at (323)

962-8600 ext 7950

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: KMW ASSOCIATES, LLC

2. (a) Principal office address of limited liability company: 6215 BAYSHORE BLVD. TAMPA, FL 33611
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 6215 BAYSHORE BLVD. TAMPA, FL 33611
(Note: **MAY BE POST OFFICE BOX**)

06/02/2015

3. Date of filing/registration in Florida

L15000096229

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

KRISTINE WILLIAMS

Registered Office Address:

4202 E. FOWLER AVE. 100
TAMPA, FL 33620

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Kristine Williams

NEW Registered Office Address:

4202 E. Fowler Ave., CUT 100

(**MUST BE FLORIDA STREET ADDRESS**)

Tampa, FL 33620

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.

Kristine Williams
Signature of a member or authorized representative of a member

Kristine Williams
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.

Kristine Williams
Signature of Registered Agent Kristine Williams

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

FILING FEE: \$25.00

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