

L15000098194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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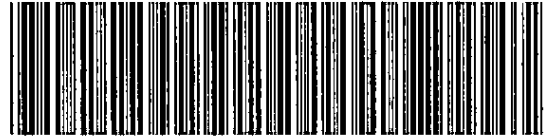
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

RA/RO/ch8

FEB 25 2022
ALBRITTON

4

KK of Corkwood, LLC

Name of Limited Liability Company

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

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

Area Code & Daytime Telephone Number

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:

☐ \$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.

KK OF CORKWOOD, L.L.C

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

471 N. BROADWAY #770

JERICHO, NY 11753

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

471 N. BROADWAY #770

JERICHO, NY 11753

6/04/2015

L15000098194

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) _____

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

130 OAK BEND COURT

OVIEDO 32765

_____, FL _____

(b) _____

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

THE BIRMINGHAM LAW FIRM, PA

NEW Registered Office Address:

1353 PALMETTO AVENUE, SUITE 100

WINTER PARK 32765

_____, FL _____

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.

KAMROOZ KORORI

Signature of a member or authorized representative of a member

Printed or typed name of signer

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

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

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FL