

(Requestor's Name)							
(Address)							
(4)(1,00)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Dunings Calify Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



600278877146

11/23/15--01034--016 \*\*25.00

FILED

15 NOV 23 PM 4: 46

SECRETARY OF STATE
TALLAHASSEE, FLORINA

NOV 24 2015 S. YOUNG

## **COVER LETTER**

**TO:** Registration Section

Divi	sion of Corporations				
SUBJECT:	K Testing LLC				
SUBJECT:	<del> </del>				
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filin	g.	
Please return	n all correspondence concerning th	is matter to tl	he following:		
Ken Kilche	enstin				
	Name of Person		<del> </del>		
K Testing	LLC				
••••	Firm/Company			SECR.	
1995 Sout	th 8th Street			9 2: E1369	
	Address			SEC. TO BE	
Fernandin	a Beach, FL 32034			NOV 23 PH 4: 46 CRETARY OF STATE LAHASSEE, FLORIDA	
	City/State and Zip Code		· · · · · ·	5	
<b>å</b> rkilchens	tein@aol.com				
E-mail	address: (to be used for future and	nual report no	otification)		
For further i	nformation concerning this matter	, please call:			
Ken Kilche	enstin	at (	624-7566		
	Name of Person	at (	Area Code & Daytime Tel	ephone Number	
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	losed is a check for the following	g amount:			
<b>☑</b> \$25 Filing Fee			\$55 Filing Fee & Certified Co	ру	
INHS18 (2/14	4)				

## 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.

2. (a)		_ (l	o)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1995 South 8th Street			
	Fernandina Beach, FL 32034	<del>-</del> -		
	6/11/2015		L150001	102122
3.	Date of filing/registration in Florida	4.		Document number
i. (a)	RMK Accounting Solutions LLC			
. (/	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of Sta	ate:
	RMK Accounting Solutions LLC			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	2)	_
	5211 S. Fletcher Ave, Ste 200			Te 5
	Fernandina Beach , FL	32034		LCRET T
(b)	Ken Kilchenstin			ARY C
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Ken Kilchenstin	Office ad	<u>ldress</u> :	PH 4: 46 PF STATE FLORIDA
	NEW Registered Office Address:			— → O
	1995 South 8th Street			_
	Amelia Island , FL	32034		
he cha igent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regineration the ling the line line line line line line line lin	stered officompany, it nited liabil liability co	ce and the business office of the registerer is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Siana	ture of a member or authorized representative of a member		becca M	Printed or typed name of signee
I here provisi he obl	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h d in writing of this change.	ee to ac perforn I for in sereby c	t in this ca nance of my Chapter 60 confirm tha	pacity I further agree to comply with the

Signature of Registered Agent