

h15 000106606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

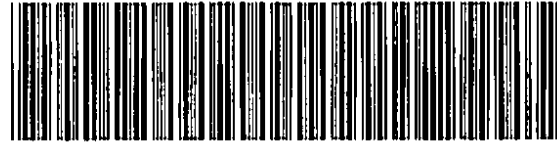
(Business Entity Name)

(Document Number)

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TALAHASSEE, FL

2022 DEC -5 AM 8:24

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KONA FINANCIAL GROUP 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:

DAVID DEAKEN
Name of Person

KONA FINANCIAL LLC
Firm/Company

608 BETNER BLVD
Address

NOKOMES, FL 34275
City/State and Zip Code

DAVID @ VENECELIGHTINGCOMPANY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID DEAKEN at (941) 786-6123
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2022

DAVID DEAKIN
909 S. TAMiami TRAIL
NOKOMIS, FL 34275

SUBJECT: KONA FINANCIAL GROUP LLC
Ref. Number: L15000106606

We have received your document for KONA FINANCIAL GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 422A00025601

DEC - 5 2022

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: KONA FINANCIAL GROUP LLC
2. (a) 608 Bittner Blvd Nokomis FL 34275 (b) 608 Bittner Blvd Nokomis FL 34275
Principal office address of limited liability company: 34275 Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 6-18-2015 Date of filing/registration in Florida 4. L15000106606 Document number

5. (a) INCORP Services, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
17888 67th COURT NORTH WAXAHATCHEE, FL 33470
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

909 S. TAMiami TR.
NOKomis, FL 34275

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

NEW Registered Office Address:
909 S. TAMiami TR
NOKomis, FL 34275

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.

[Signature]
Signature of a member or authorized representative of a member

DAVID DEAKIN
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.

[Signature]
Signature of Registered Agent

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