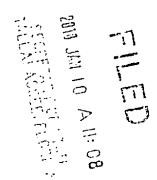
L15000106932

(R	Requestor's Name)				
A)	Address)				
(A	Address)				
(C	City/State/Zip/Phone #)	.			
PICK-UP	☐ WAIT ☐	MAIL			
(E	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Statu	es			
Special Instructions to Filing Officer:					

Office Use Only



12/28/17--01031--022 **25.00



D. SCOTT J/M 11 1113



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2017

DESTINY BAYLOR
PARACORP INCORPORATED
2804 GATEWAY OAKS DR #100
SACRAMENTO, CA 95833

SUBJECT: KMK FAMILY, LLC Ref. Number: L15000106932

We have received your document for KMK FAMILY, 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):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call. (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 617A00026323.

COVER LETTER

TO: Registration Section Division of Corporations					
KMK Family, LLC					
SUBJECT: N	lame 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:	ţ			
Destiny Baylor					
Name of Person		Ì			
Paracorp Incorporated					
Firm/Company	·				
2804 Gateway Oaks Dr #100					
Address					
Sacramento, CA 95833					
City/State and Zip Cod	e				
paracorp@myparacorp.com					
i2-mail address: (to be used for future	annual report notification)				
For further information concerning this mat	ter, please call:				
Destiny Baylor	800 533-7272				
Name of Person	Area Code & Daytime Telep				
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	0.00			
Enclosed is a check for the follow	Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
[NHS18 (2/14)					

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.

rtoria	u.				1			
1. Na	ame of the limited liability company:	KMK Family, L	LC					
2. (a)	110 WINDHAM DRIVE		(b)	110 WINDHAM DR	RÍVE			
2. (a)	Principal office address of limited li (Note: MUST BE STREET.)		lity company: Mailing address			of limited liability company: BE POST OFFICE BOX		
	WINTER HAVEN, FL 33884			WINTER HAVEN, F	FĻ 33884			
								
	06/22/2015			L15000106932				
3.	Date of filing/registration i		4.	Document n	1			
5. (a)	Registered Agent and Registered Office sho	Service Service of the seconds of the	e Florida	f Central F	lorid 1			
	Registered Office Address	FLORIDA STREET AI	DDRESS)		Ì	•		
	390 N orange	2 Ave #	= 141	∞				
	orlando	, FL_	33	2801	1:			
(b)								
	Enter name of NEW Registered Agent and	Vor <u>NEW Registered (</u>	Office ado	ress;				
					231	3		
	155 Office Plaza Drive, 1 NEW Registered Office Address:	st rioor						
	<u>, , , , , , , , , , , , , , , , , , , </u>				J.110	T 25		
					0	7.1		
	Tallahassee	, FL_	323	01	一等フェ	7		
the ch agent was/w	limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a vere authorized by an affirmative vote ticles of organization or the operating	a street address of t Florida limited lial c of the members of	the regis bility co Lthe lim	tered office and the ous mpany, it is hereby con ited liability company o	firmed that the cha	registered inge(s) vided in		
Sign	ature of a member or authorized representative	re of a member	_	Printed or typ	ed name of signee			
I here provis the of to med	eby accept the appointment as registe sions of all statutes relative to the pro- digations of my position as registered rely reflect a change in the registered ed in writing of this change.	ered agent and agre oper and complete p	perjorme Hor in C	ance of my aures, and i Tranter 605, F.S., Or, if	this document is b	eing filed		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00