45000109916

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





700291073187

10/11/16--01023--026 **25.00



O SIMMONS 0CT 1 2 2016 Greetings,

My name is Melvin E. Cotton III, registered agent of CTK & Affiliates L.L.C. document number# L15000109916. Attached to this letter you will find a check made payable to "Florida Department of State" and the filing documents to change the address of both this limited liability company and the registered agent (myself) effective immediately to:

1547 Golfside Village BLVD Apopka, FL 32712

Please send all correspondence to this new address. Thank you in advance

In His Service

Melvin Cotton III, MBA

P: <u>352-361-4580</u>

Email: mecotton3@gmail.com

www.CTK.rocks

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

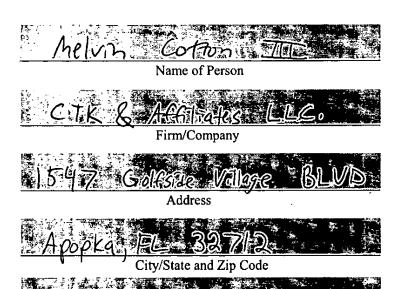


Name of Limited Liability Company

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:



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/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

INHS18 (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

submits the following statement in order to change its reg Florida.	
1. Name of the limited liability company: CTk	C & Affiliates L.L.C.
2. (a) Melvin Cotton III Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1547 Golfside Village B	•
Apopka, FL 32712	Aβpka, FL 32712
06/24/2015 Data of Gling legislation in Planida	L15000109916
3. Date of filing/registration in Florida	4. Document number
5. (a) Melvin Cotton III Registered Agent and Registered Office shown on the records of 1478 Synshadow drive Registered Office Address (MUST BE FLORIDA STREET) Apt. 204 Casselberry , FL (b) Melvin Cotton III	ADDRESS) ADDRESS) OF CO
Enter name of NEW Registered Agent and/or NEW Registered 1547 Golfside Village NEW Registered Office Address:	l Office address:
Apopka, FL	32712
If the limited liability company is not organized under the lay the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited limited limited authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	f the registered office and the business office of the registered lability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.
Signature of a member or authorized representative of a member	Melvin Cotton III Printed or typed name of signee
	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

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