

L15000121592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**SUBJECT:** KIM'S BOOKKEEPING SERVICES, LLC

**Dear Sir or Madam:**

**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)**

**KIMBERLY ROLLINS**

at ( 386 ) 481-4420

Area Code &amp; Daytime Telephone Number

**MAILING ADDRESS:**

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

☒ **\$25 Filing Fee**

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.*

1. Name of the limited liability company: KIM'S BOOKKEEPING SERVICES, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>69 VILLAGE DRIVE</u> <u>ORMOND BEACH, FL 32174</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>69 VILLAGE DRIVE</u> <u>ORMOND BEACH, FL 32174</u>
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3. <u>07/15/2015</u> Date of filing/registration in Florida	4. <u>L15000121592</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
GEISLER FINANCIAL, PL  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5889 S WILLIAMSON BLVD, SUITE 210  
PORT ORANGE, FL 32128

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
KIMBERLY ROLLINS  
NEW Registered Office Address:  
69 VILLAGE DRIVE  
ORMOND BEACH, FL 32174

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TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member	<u>KIMBERLY ROLLINS</u> _____ Printed or typed name of signee
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*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