L15000123053

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400283919654

03/31/16--01022--017 **55.00

16 MAR 31 AM 8: 00
SECRETARY OF STATE

APROAZING J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Kneaded by Mayaan CCC 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:				
Morgan F. Smith Name of Person				
Kneuded by Movgan LLC Firm/Company				
1501 Marina Isle Way #102				
Jupiter F1 33409 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Movgan F. Smith at (610) 505 3053 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				

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. Na	ame of the limited liability company: KWAdCO by	Morgan LCC
2. (a)		0
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	41040 Portofino Way *301 410	140 Portofino Way #3
•	Most Palm Bouch F1 23409 Mos	+ Pall m Bouch fl 33
	1 1	5000123053
	7 17 12015 4	1-4601816
3.	Date of filing/registration in Florida 4.	Document number
5. (a)		_
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
	41040 Portofino Way, Ant 301	Acc -
	Mast Palm Bouch & 32409	
	The state of the s	
(b)		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		RA 00
	NEW Registered Office Address:	
	1501 Marina Ble Way 77 102	_
	Jupiter FL 33477	_
If the l	limited liability company is not organized under the laws of the State of Fl	orida, it is hereby confirmed that after
agent v	ange or changes are made, the Florida street address of the registered offic will be identical. Or, in the case of a Florida limited liability company, it	s hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability con	npany.
	Morget Amick	lorgan F. Smith
	ature of a member or authorized representative of a member aby accept the appointment as registered agent and agree to act in this cap	Printed or typed name of signee active I further agree to comply with the
provisi the obl to mer	ions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60 ely reflect a change in the registered office address, I hereby confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	d'in writing of this change.	
Signatu	ure of Registered Agent	