45000124164

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
, ,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Ethity Name)						
(Document Number)						
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	KARMAN LAND TRUST LLC			
	Na	me of Limited Lia	bility Company	
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Of	fice Change and fo	ee(s) are submitted for filing.	
Please	return all correspondence concerning th	nis matter to the fo	llowing:	
JOHN I	PENDL			
	Name of Person		-	
KARM	AN LAND TRUST LLC			
	Firm/Company			
1751 CI	ROTON RD			
	Address			
MELBO	DURNE, FL 32935			
	City/State and Zip Code		_	
EPINVI	ESTMENTS@AOL.COM			
E	-mail address: (to be used for future and	nual report notific	ation)	
For furt	ther information concerning this matter	, please call:		
ЈОНИ Г	PENDL	321 at (802-0334	
	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	g amount:		
	■ \$25 Filing Fee		□ \$55 Filing Fee & Certified Copy	

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: KARMAN LANI	D TRUST LLC				
2. (a)	KARMAN LAND TRUST LLC	(b) KA	(b) KARMAN LAND TRUST LLC			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(°) <u></u>	Mailing address of limited li (Note: MAY BE POST 6			
	1751 CROTON RD	175	1751 CROTON RD			
	MELBOURNE, FL 32935	ME	MELBOURNE, FL 32935 L15000124164			
	07/20/2015	L150				
	Date of filing/registration in Florida	4.	Document number			
	JOHN PENDL					
	Registered Agent and Registered Office shown on the records of JOHN PENDL	the Florida Dept	. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			FORETA 2023 MAY		
	3552 SWALLOW DR			基 系		
	ORLANDO . FI	32936		Y 16		
	Enter name of NEW Registered Agent and/or NEW Registered	TOTILE Address	· 	2:54 1		
	NEW Registered Office Address:					
	1751 CROTON RD					
	MELBOURNE , FI	32935				
change agent v was/we the arti	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cless of organization or the operating agreement of the number or authorized representative of a member	e registered of ability compa of the limited limited liabil JOHN PE	fice and the business office of ny, it is hereby confirmed that liability company or as otherwity company. ENDL Printed or typed name of significant	the registered the change(s) vise provided in ignee		
noujied	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ree to act in the performance of for in Chap, hereby confiri	is capacity. I further agree to of my duties, and I am familia ter 605, F.S. Or, if this docun n that the limited liability com	o comply with the ir with and accept nent is being filed npany has been		

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