LIS 500 131214

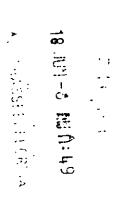
(Requestor's Name)					
(Address)					
	·				
(Address)					
(714	uic33)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(23)	Siness Entity Har	110)			
(Do	cument Number)				
Certified Copies	Certificates	s of Status			
Caraiat Instructions to					
Special Instructions to Filing Officer:					

Office Use Only



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JUN 1 2 2018

COVER LETTER

	egistration Section ivision of Corporations				
SUBJEC [*]	KSB Group LLC				
JOBACC	Name of Limited Liability Company				
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please reti	urn all correspondence concerning th	is matter to the following:			
Kadir Bo	oylu				
	Name of Person				
KSB Gro	oup LLC				
	Firm/Company				
2504 NV	W 2nd Ave				
	Address				
Boca Ra	aton, FL 33431				
	City/State and Zip Code				
kadirboy	/lu@gmail.com				
E-m	ail address: (to be used for future and	nual report notification)			
For furthe	er information concerning this matter	, please call:			
Kadir Bo	pylu	561 409-6154			
	Name of Person	Area Code & Daytime Telephone Number			
R D C 26	TREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
E	nclosed is a check for the following	amount:			
E	S25 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.

2. (a)	KSB Group LLC	(b) KSB	Group LLC
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ('')	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2504 NW 2nd Ave	2504	NW 2nd Ave
	Boca Raton, FL 33431	Boca	Raton, FL 33431
	07/31/2015	L15000	0131214
ξ.	Date of filing/registration in Florida	4.	Document number
5. (a)	Kadir Boylu		
. (47	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	state:
			> -
	Registered Office Address (MUST BE FLORIDA STREET A	<u>ADDRESS)</u>	
	2700 W Atlantic Blvd, Ste 262		
	Pompano Beach	33069	Š. 6 .
(b)	Kadir Boylu		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	6 9 1
	NEW Registered Office Address:		
	2504 NW 2nd Ave		
	Boca Raton FL	33431	
he cha igent w vas/we	mited liability company is not organized under the layinge or changes are made, the Florida street address of zill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered of ability company, of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) fifty company or as otherwise provided in company.
Signat	ure of a member or authorized representative of a member	- Tooli Boyli	Printed or typed name of signee
l herel provision he obli o mere	ov accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I for writing of this change.	ee to act in this c performance of n d for in Chapter (hereby confirm th	anacity. I further agree to comply with the

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