L15000151010

(Requestor's Name)					
(Address)					
	(4.4)				
(Address)					
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	/Duning Falt Name				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					





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102 MAR - L. PM 3-50

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 529060 7335079

AUTHORIZATION : Smell P

COST LIMIT : \$\int 25,00

ORDER DATE: March 4, 2022

ORDER TIME : 3:01 PM

ORDER NO. : 529060-005

CUSTOMER NO: 7335079

CHANGE OF AGENT

NAME: KAPITHEM I, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

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. N	ame of the limited liability company: KAPITHEM	H, LLC		<u>-</u>	
2. (a)			(h))	
. ,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	(0,	'	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	26361 AUGUSTA CREEK COURT			26361 AU	JGUSTA CREEK COURT
	BONITA SPRINGS, FL 34134			BONITA S	SPRINGS, FL 34134
	09/09/2015			L1500015	1010
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)					
J. (N.)	Registered Agent and Registered Office shown on the record CLASP, INC.	ds of the Flo	rida l	Dept. of State	- ::
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDR	ESS)		-
	3001 TAMIAMI TRAIL NORTH SUITE 40				
	NAPLES	. FL 3410	3		2022 HAR
		<u> </u>	_		
(b)		<u>_</u>			1.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office	addi	ress:	
	Corporation Service Company				
	NEW Registered Office Address:				8.40
	1201 Hays Street				
	Tallahassee	3230	 1		
		. F L			
agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of	the registed liability ers of the l	ered com imita	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s)
				ah Brunel,	Authorized Person
				Printed or typed name of signee	
the obli to me <mark>re</mark>	by accept the appointment as registered agent and cons of all statutes relative to the proper and comple gations of my position as registered agent as providing reflect a change in the registered office address, in writing of this change.	ided for in . I hereby	nan Chi conj	ve of my at apter 605, irm that th	utes, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Signatur	e of Registered Agent	GRACE	ΕE.	KIRBY, A	SST. VICE PRESIDENT
~ Enterel	e w neglereren zigerin 3				