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(Requestor's Name) (Address) (Address)	400304850114
(City/State/Zip/Phone #)	10/25/1701017016 +*25.00
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COVER LETTER

TO: Registration Section Division of Corporations

K & L LEGACY PROPERTIES, LLC SUBJECT:

Name of Limited Liability Company

L

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:

HELEN K JOHNSTON

Name of Person Firm/Company

522 S HUNT CLUB BLVD, SUITE 203

Address

APOPKA, FL 32703

City/State and Zip Code

smarhoefer@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HELEN K JOHNSTON 407 718-0306 at (Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: 🕅 \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR IMITED LIABILITY COMPANY

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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.

l. Na	ame of the limited liability company: K& LEG	SACY	PRC	PERTI	ES LLC		
2. (a)	522 S HUNT CLUB BLVD, SUITE 203		(b) 522 S HUNT CLUB BLVD, SUITE 203				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. (*	(b)			
	АРОРКА, FL 32703			APOF	PKA, FL 3270	3	· · · · · · · · · · · · · · · · · · ·
	09/18/2015			L15000	0159199		
3.	Date of filing/registration in Florida		4.		Document n	umber	
5. (a)	SMALL BUSINESS RESOURCES USA,	INC.					I
. (0)	Registered Agent and Registered Office shown on the record	ds of the	Florida	Dept. of S	State:		
	1601 PARK CENTER DR						17
	Registered Office Address (MUST BE FLORIDA STRE	SET AD	DRESS	2	·		a
	SUITE 6A						T; .+
(1)	ORLANDO	3 [,]	2835		<u>.</u>	.:. r:	6J:
		_ FL				· 	
	HELEN K JOHNSTON					i L'Henry	8. 1.
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered O	ffice ad	dress:			61
	522 S HUNT CLUB BLVD, SUITE 203						
	NEW Registered Office Address:						
	АРОРКА	3:	2703				
		, FL					
he cha gent w vas/we	mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite the authorized by an affirmative vote of the member cles of organization or the operating agreement of A	ss of th ed liabi ers of t	e regis ility co the lim nited l	tered of mpany, ited liab iability c	fice and the busi it is hereby conf ility company of	iness offic firmed tha	e of the registered t the change(s)
X100ar	Ighanire of a member dr authorized representative of a member			Printed or typed name of signec			
- I herel provisi he obli o mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp- igations of my position as registered agent as prov by reflect a change in the registered office address I in writing of this change.	l agree dete pe vided f 's, 1 hei	to act ofform for in C reby co	in this c ince of n Thapter (infirm th	rapacity. I furth	er aøree t	- o comply with the

Signature of Registered Agent

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