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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE K&M REAL ESTATE 1, LLC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: K&M REAL ESTATE 1, LLC
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:
Justine Karnell
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd, Suite 300
Address
Austin, TX 78744
City/State and Zip Code
notices@rasi.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Justine Karnell at (888) 705-7274
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tailahassee, Fiorida 32301 Enclosed is a check for the following amount:
·
☑ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)

03/16/17 09:04AM PDT Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg 6/15

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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: K&M REA	AL E	STAT	E 1, LLC		
2 . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE RQX)		
	9770 REEVES COURT WARRENTON, VA 20186		9770 REEVES COURT WARRENTON, VA 20186			
	10/08/2015		∶L15	000171332		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)					3	
J. (u)	Registered Agent and Rogistered Office shown on the records of INCORP SERVICES, INC.	of the Flo	orida Dept. o	f State:)))	
	Registered Office Address (MUST BE FLORIDA STREET	1DDR	ESS)		11	
	17888 67TH COURT NORTH LOXAHATCHEE, FL 33470					
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:			
	Registered Agent Solutions, Inc.					
	NEW Registered Office Address:		 -			
	155 Office Plaza Dr., Suite A					
	Tallahassee, F	L_323	01	STATE STATE		
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I pre authorized by an affirmative vote of the members igles of organization or the operating agreement of the	of the re liability of the	egistered (/ company limited lie	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in		
(F)	111 H2-			Mandy Theobald	3	
Signa	fare of a member or authorized representative of a member	_		Printed or typed name of signee))	
provisi the obl to merc	hy accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I I in spiting of this change.	ree to e perfo ed for i hereb	act in this rmance of in Chapter v confirm	capacity. I further agree to comply with the finy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been		
Simon	Justine Karnell					
2.6	// Coloidin Codicidity	n -		. El 22214		
	Division of Corporations P.O. FH 1NG I			anassee, FL 32314		

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