15000209528

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	ne)
(Доси	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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09/09/22--01007--006 **25.00

TALLAHASSEE, FL

COVER LETTER

-

TO: Registration Section Division of Corporati	ons	
John K9, LLC SUBJECT:		•
	Name of Limit	ed Liability Company
Dear Sir or Madam:		
The enclosed Registered Age	nt/Registered Office Change	and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to	the following:
John A. Kuendig		
Nam	e of Person	
John K9, LLC		
Firm	/Company	
3701 E Trapnell Road		
Ad	dress	
Plant City, FL 33566		
City/Stat	e and Zip Code	 _
Krumjk9@gmail.com		
E-mail address: (to be u	sed for future annual report i	notification)
For further information conce	rning this matter, please call	:
Kevin Rumble	727 at (364-6509
Name of Pers		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 322	ations	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 amount:	
■ \$25 Filing Fee	ί	☐ \$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.

1. Na	nme of the limited liability company: John K9, LLC						· <u> </u>
2. (a)_		(I	o)				
()_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mai	ling address of limi Note: MAY BE PO		-	
	3701 E Trapnell Road		3701 E Trapn	ell Road			
	Plant City, FL 33566		Plant City, F	L 33566			
	12/17/2015		L15000209528	:			
3.	Date of filing/registration in Florida	4.	De	ocument number	<u> </u>	•	
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:				
	John A. Kuendig						
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES:	<u>5)</u>				
	2302 E Edgewood Drive						
	Lakeland I	FL. 33803			SE,	2022	
					CR:	2 SEP	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ad Office ad	duo. e.		ECRETARY OF ST TALLAHASSEE, I	1	
	Enter traine of NEW Registered Agent and/or NEW Register	eu Onice au	uress.		AS PR	œ	
	John A. Kuendig				333	ÂĦ	1 1 7
	NEW Registered Office Address:		, ,		STAT	9: 37	* Company
	3701 E. Trapnell Road				, LE	17	
	Plant City	FL 33566					
change agent v was/we the arti	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lear authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne register liability co s of the lim ne limited l	ed office and the mpany, it is he nited liability o	ne business office reby confirmed ompany or as ot	e of the i that the c	egister hange(ed s)
Signa	ture of a member or authorized representative of a member		Pı	rinted or typed name	e of signee		
provisi the obl to merc	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	te perform led for in (ance of my dut Thapièr 605, F	ies, and I am far .S. Or, if this do	miliar wii cument i:	th and s being	accept filed
Signatu	re of Registered Agent						