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(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone#	<u></u>			
(,,	,			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
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Codified Coding	C	f Chahan			
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KFS MARKETING LLC Name of Limited Liability Company	
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:	
SUSAN JOST Name of Person	
KFS MARKETING LLC Firm/Company	
585 N. HALIGAX DRIVE Address	
ORMOND BEACH F1 32176 City/State and Zip Code	
DVSUZY @ AOL. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Susan Just at (386) 795-2900 Name of Person Area Code & Daytime Teleph	one Number
Mailing Address:Street Address:Registration SectionRegistration Section	
Division of Corporations Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Su Tallahassee, FL 32303	ite 810
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy	

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	
1. N	lame of the limited liability company: <u>KFS</u> Me	IRKE	ting, LLC	
2. (a)		_ (b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ` ` `	Mailing address of	f limited liability company: E POST OFFICE BOX)
	162 S. Paninsula Drive	_	585 N. HA	lifax Drive
	DAYLONA BEACH, FI 32118		ORMOND BEA	CH, F1 32176
	4/4/2016	_	L1600006	5482
3.	Date of filing/registration in Florida	4.	Document nur	nber
5 (a)	Kelly FSherman			
J. (Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State:	
			•	
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRFSS		
	,	DDKL55)		·
	Ita S PENINSULA DRIVE			85. 2020
	DAYTONA BRACH , FL	3211	<u>}</u>	2020 HAY SECRETA
(b)	SUSAN YOST			15 ARY SSE
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addi	— <u>-</u> .	The Table
		<u> </u>	<u>va.</u> .	PHIZ: 50
	NEW Registered Office Address:		 	ω
	162 S. Peninsula Drive			
	DAYTONA BEACIL .FL	3011	8	
	TO THE TOTAL STATE OF THE STATE	2011	_0	
change agent was/w	limited liability company is not organized under the laws e or changes are made, the Florida street address of the n will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egistered pility com the limit	office and the business of pany, it is hereby confirm ed liability company or a	office of the registered med that the change(s)
0	wan you			
Signa	ature of a member or authorized representative of a member		SUSAN YOST Printed or typed	name of cionan
I here provis the ob to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete peligations of my position as registered agent as provided lelv reflect a change in the registered office address, I he d in writing of this change.	a to act is	this canagity. I further	gange to comply with the
ાશાસાર	ne or registered/yigent			