## 116000067115

| (Re                                     | questor's Name)   |           |  |  |  |  |
|---|-------------------|-----------|--|--|--|--|
| (Address)                               |                   |           |  |  |  |  |
|   |                   |           |  |  |  |  |
| (Ad                                     | dress)            |           |  |  |  |  |
| (Cit                                    | y/State/Zip/Phone | e #)      |  |  |  |  |
| PICK-UP                                 | MAIT              | MAIL      |  |  |  |  |
| (Bu                                     | siness Entity Nar | ne)       |  |  |  |  |
| (Edemoco Emily Name,                    |                   |           |  |  |  |  |
| (Document Number)                       |                   |           |  |  |  |  |
| 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  |                 |   |                  |                      |  |
|--|-----------------|---|------------------|----------------------|--|
| KRS Enterprises LLC SUBJECT:   |                 |   |                  |                      |  |
| Name of Limited Liability Company  |                 |   |                  |                      |  |
| Dear Sir or Madam:   |                 |   |                  |                      |  |
| The enclosed Registered Agent/Registered Off   | fice Change ar  | nd fee(s) are submitted for filing.   |                  |                      |  |
| Please return all correspondence concerning th   | is matter to th | e following:  |                  |                      |  |
| Jared Stark  |                 |   |                  |                      |  |
| Name of Person   |                 | <del></del>   |                  |                      |  |
| Stark Weber PLLC   |                 |   |                  |                      |  |
| Firm/Company   |                 |   |                  |                      |  |
| 1700 S. Dixie Highway, Suite 206   |                 |   |                  |                      |  |
| Address  |                 | <del></del>   |                  |                      |  |
| Boca Raton, FL 33432   |                 |   |                  |                      |  |
| City/State and Zip Code  |                 |   | <u>;</u>         |                      |  |
| kevinsanderson@hotmail.com   |                 |   | ; j              |                      |  |
| E-mail address: (to be used for future and   | nual report no  | tification)   | ,?<br>1          |                      |  |
| For further information concerning this matter   | , please call:  |   | - <del>- 1</del> | - 円分<br>- 円の<br>- 公司 |  |
| Jared Stark  | 561<br>at (     | 251-0455  | <u> ५</u> १ : न  | Sholl<br>TE          |  |
| Name of Person   | <b>.</b> .      | Area Code & Daytime Telephone Number  | 3T               |                      |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | 7<br>1<br>3     | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314 |                  |                      |  |
| Enclosed is a check for the following  | g amount:       |   |                  |                      |  |
| \$25 Filing Fee  |                 | \$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                            | ame of the limited liability company: KRS Enterp  | orises LL  | .C   |   |  |  |
|---------------------|-------------------------------|---|--|--|---|--|--|
| 2.                  | (a)                           |   | . (  | (b)  |   |  |  |
|                     | ` '                           | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |   |  |  |
|                     |                               | 6526 SOUTH KANNER HWY, SUITE 137  | 7  | 6300 SW BALD EAGLE   | DR  |  |  |
|                     |                               | STUART, FL 34997  |  | PALM CITY, FL 34990  |   |  |  |
|                     |                               | 4/5/2016  |  | L16000067115   |   |  |  |
| 3.                  |                               | Date of filing/registration in Florida  | 4.   | Document number  | er -  |  |  |
| 5.                  | (a)                           |   |  |  |   |  |  |
|                     | ()                            | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  |  |  |   |  |  |
|                     |                               | REGISTERED AGENTS INC.  |  |  |   |  |  |
|                     |                               | Registered Office Address (MUST BE FLORIDA STREE  | <u>(33)</u>  |  |   |  |  |
|                     |                               | 7901 4TH STREET NORTH, SUITE 300  |  |  |   |  |  |
|                     |                               | ST. PETERSBURG  | <sub>FI</sub> 33702  | 2  | 西 拉   |  |  |
|                     |                               | ,   | 1.5  |  |   |  |  |
|                     | (b)                           |   |  |  | 23 025  |  |  |
|                     |                               | Enter name of NEW Registered Agent and/or NEW Registe   | red Office a   | ffice address:   |   |  |  |
|                     |                               | STARK WEBER PLLC  |  |  | STATE<br>SWITHOUT<br>STATE                    |  |  |
|                     |                               | NEW Registered Office Address:  |  |  | 9 <u>5</u> m                                  |  |  |
|                     |                               | 1700 S. DIXIE HIGHWAY, SUITE 206  |  | The state of the s | ; <i>)</i> )                                  |  |  |
|                     |                               | BOCA RATON  | FL 33432   | 2  |   |  |  |
| th<br>ag<br>wa      | e cha<br>ent v<br>as/w        | imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of the member in the operating agreement of the street of the | s of the reg<br>d liability of<br>rs of the li-<br>the limited | gistered office and the business<br>company, it is hereby confirmed<br>mited liability company or as of<br>I liability company.  | office of the registered d that the change(s) |  |  |
|                     | Siana                         | auge of a member or authorized representative of a member   | JA   | ARED STARK  Printed or typed name  | oc of signee                                  |  |  |
| l<br>pr<br>th<br>to | here<br>ovisi<br>e obi<br>mer | by accept the appointment as registered agent and a jons of all statutes relative to the proper and completing of my position as registered agent as providing the change in the registered office address, d in writing of this change.  | agree to a<br>ete perfori<br>ided for in<br>, I hereby         | ct in this capacity. I further ag  | rec to comply with the                        |  |  |

Signature of Registered Agent