Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE KENDALL SALON INVESTMENT LLC

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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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of fimited liability company:
·		_ ·	Mailing address of limited liability company:
			(Note: MAY BE POST OFFICE BOX)
	07/19/16		0135466
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Kian Enterprises Inc		
o. (a)	Registered Agent and Registered Office shown on the records of the		
	5645 Coral Ridge Drive	·	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	409		
	Coral Springs . FL	33076	
(b)	Registered Agents Inc		2024 APR
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	2
	7901 4th St N		8 = 1
	NEW Registered Office Address		P
	STE 300		ల్లా
	St. Petersburg FL	33702	
the cha agent w was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of clessof organization or the operating agreement of the least of th	the registered bility compan f the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	are of a member or authorized representative of a member	Robin Jone	
			Printed or typed name of signee
поији <u>с</u> с	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the provided of this change. David Roberts Assistant Se		is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been

Signature of Registered Agent