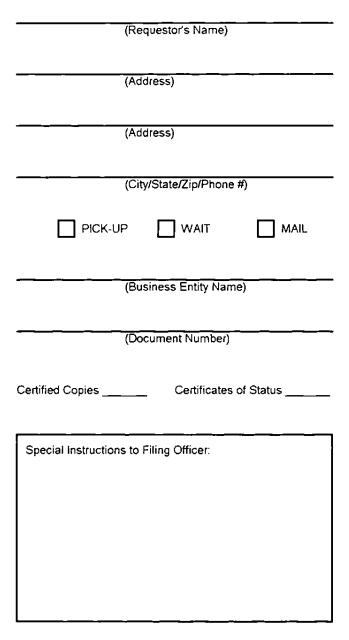
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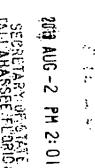


Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations
aun I	K&K Constructio

ion Solutions LLC

Name of Limited Liability Company

NG 2 TH 2:01

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this	s matter to th	e following:		
Maribel Cuartas				
Name of Person				
K&K Construction Solutions LLC				
Firm/Company				
3103 NW 114th Avenue				
Address	<u> </u>			
Coral Springs, Florida 33065-3105				
City/State and Zip Code				
KNKConsultants@bellsouth.net หกหน	notturna	ts @ bellsouth.net		
E-mail address: (to be used for future annu	ial report not	ification)		
For further information concerning this matter, p	olease call:			
Maribel Cuartas	305 _ at (773-8977		
Name of Person		Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R L P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following a	amount:			

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☑ \$25 Filing Fee

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&K Construc	ction S	So	lutions L	LC		
2. (a)	Principal office address of limited liability company:		(b)		Mailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)				(Note: MAY BE POST OFFICE BOX)		
	3103 NW 114th Avenue			3103 NV	N 114th Avenue		
	Coral Springs, Florida 33065	Coral Sp			orings, Florida 33065		
	08/16/2016		į	_160001:	55360		
3.	Date of filing/registration in Florida	- 4,	-		Document number		
5. (a)	Jerome Schwartz						
D. (a)	Registered Agent and Registered Office shown on the records of	the Flori	ida	Dept. of Stat	- e:		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRE.	SS)		-		
	6610 N University Drive Ste 250						
	Tamarac .FL	3332	1		SEC		
					AUG -2 CRETARS		
(h)				_			
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	add	ress:			
	Maribel Cuartas				EFLOR 2:		
	NEW Registered Office Address:				- B. O		
	3103 NW 114th Avenue						
	Coral Springs, FL	3306	5-3	3105	_		
the cha agent was/w	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li limited	gis co: imi d li	tered offic mpany, it i ted liabilit ability cor	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in upany.		
				bel Cuar			
·-	here of a member or authorized representative of a member				Printed or typed name of signee		
provisi the obi to mer	by accept the appointment as registered agent and agrions of all <u>statutes</u> relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, 1 is difficulting of this change.	nerfor.	ma	nce of mv	duties, and I am familiar with and accept		
Signatu	re of Registered Agent						
, ,	\ <u> </u>						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00