1600187388

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(B	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	Office Use Only				

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10/24/1?--01019--002 ++25.00



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2017

GREG SCHARFELD 15502 STONEYBROOK WEST PKWY SUITE 104-242 WINTER GARDEN, FL 34787 US

SUBJECT: KG CONSULTING GROUP LLC Ref. Number: L16000187388

We have received your document for KG CONSULTING GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 417A00021695

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COVER LETTER

TO: Registration Section Division of Corporations

KG CONSULTING GROUP LLC SUBJECT:

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:

GREG SCHARFELD

Name of Person

KG CONSULTING GROUP LLC

Firm/Company

15502 STONEYBROOK WEST PKWY. STE 104-242

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

COMPLIANCE@TRINITYFINANCIALLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg	Scharfeld
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Name of Person

523-1980 _) _____ Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

407

at (

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

2 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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: KG CONSULT				
2. (a)	KG CONSULTING GROUP LLC	C	_(b) К	(G CON	SULTING GROUP LLC
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	15502 Stoneybrook West Pkwy #104-242		1	5502 St	oneybrook West Pkwy #104-242
	Winter Garden, FL 34787	_	V	Vinter G	arden, FL 34787
	10/16/17		L1	600018	7388
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	Gregory Scharfeld				
J. (u)	Registered Agent and Registered Office shown on the records of the	he Florid	da De	pt. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>55)</u>		Tan I
	6000 Metrowest Blvd. Suite 205				
	Orlando FL_	32835	5		FILE
(b)	Gregory Scharfeld				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	addre	<u></u>	2: 54 2: 10 2: 54
	NEW Registered Office Address:				
	15502 Stoneybrook West Pkwy #104-242				
	Winter Garden	3478	7		
the ch agent was/w the ar Sign I her provi. the of to me	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of a member or authorized representative of a member eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete obligations of my position as registered agent as provide, rely reflect a change in the registered office address, the ed in writing of this change.	the reg ability of the li limited G	giste com imite d lia Greg	red office pany, it is ed liability bility con ory Sch	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany. arfeld Printed or typed name of signee

Signature of Registered Agent

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