

LL0000 211753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

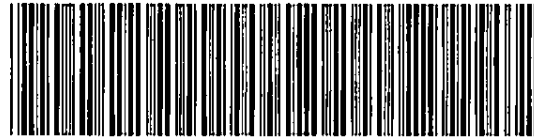
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500335824335

10/16/19--01010--007 **25.00

FILED
2019 OCT 16 PM 6:03
SECURITY
TALLAHASSEE, FL

NOV 05 2019

C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

Kempes Properties, 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:

Yair Kempler

Name of Person

Kempes Properties, LLC

Firm/Company

3370 NE 190th Street #1606

Address

Aventura, FL 33180

City/State and Zip Code

yair62@yahoo.com

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

For further information concerning this matter, please call:

Yair Kempler

818

326-5000

at () _____

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

MAILING ADDRESS:

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

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.

Kempes Properties, Llc

1. Name of the limited liability company: 3370 NE 190th Street #1606, Aventura, FL 33180 3370 NE 190th Street #1606, Aventura, FL 33180

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**)

11/18/2016

L16000211753

3. Date of filing/registration in Florida 4. Document number
UNITED STATES CORPORATION AGENTS, INC

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. SEMORAN BLVD SUITE 36

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO 32822
, FL

Registered Agents Inc.

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

7901 4th St N STE 300

NEW Registered Office Address:

St. Petersburg 33702
, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Yair Kempler

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent