## 110000221838

(Requestor's Name)							
(Address)							
(Address)							
(Cit	y/State/Zip/Phone	<del>e</del> #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
<u> </u>							





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SECRETARY OF STATE

SALI AHASSEE EL OBINA

## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations			
SUBJE				
	Name	e of Limited Liab	ility Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.	
Please	return all correspondence concerning this	s matter to the fol	llowing:	
Karer	n Thompson			
	Name of Person		•	
KT Le	egal, PLLC			
	Firm/Company	<u> </u>	•	
2054	Vista Parkway, Suite 400			
	Address		•	
West	Palm Beach, FL 33411			
	City/State and Zip Code		-	
karen	nthompsonesq@gmail.com			
F	E-mail address: (to be used for future annual	ual report notifica	ation)	
For fu	rther information concerning this matter,	please call:	•	
Karer	n Thompson	561	339-8521	
<del>-</del>	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	<b>□</b> \$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

1. Na	me of the limited liability company: KT Legal, PLL	C				
	500 S Australian Avenue	_ (b	500 S A	ustralian Avenue	)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5		Mailing address of limite (Note: MAY BE POS	-	
	Suite 600	_	Suite 600			
	West Palm Beach, FL 33401	_	West Pa	lm Beach, FL 33	401	
	12/7/2016		L1600022	1838		
3. 5. (a)	Date of filing/registration in Florida KT Legal, PLLC	4.		Document number		
J. (d)	Registered Agent and Registered Office shown on the records of the 500 S Australian Avenue  Registered Office Address (MUST BE FLORIDA STREET A Suite 600			::		
	West Palm Beach , FL	33401				
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered of NEW Registered Office Address:  Suite 400</u>	Office ad	dress:		SECRETARY OF STATE TALLAHASSEE, FLORID.	T)
	West Palm Beach .FL	33411		•	7	
the cha agent v was/we the arti	imited liability company is not organized under the lawing or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the function of a member or authorized representative of a member they accept the appointment as registered agent and agree in the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this phange.	the regineral the limited in the lim	stered office ompany, it is nited liability liability con	e and the business of shereby confirmed y company or as oth apany.  Printed or typed name	ffice of the that the classification of the control	e registered hange(s) ovided in

Signature of Registered Agent