

216000232394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KERINJAME PARTNERS LLC
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:

ERIN MILLER
Name of Person

KERINJAME PARTNERS LLC
Firm/Company

22 GLOUCESTER ROAD
Address

WESTWOOD, MASSACHUSETTS 02090
City/State and Zip Code

ECMILLER67@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIN MILLER at (845) 641-8912
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

FILED
TALLAHASSEE, FLORIDA
JAN 11 2013
05:44 PM

**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. Name of the limited liability company: KERINJAME PARTNERS LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

22 GLOUCESTER ROAD

WESTWOOD, MA 02090

(b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

22 GLOUCESTER ROAD

WESTWOOD, MA 02090

DECEMBER 27, 2016

L16000232394

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CORPORATION SERVICE COMPANY

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1201 HAYS STREET 6TH FLOOR

TALLAHASSEE, FL 32301

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

JULIE SHEDDEN

NEW Registered Office Address:

870 SOUTH COLLIER BLVD. UNIT 606

Les Falls Condominium

MARCO ISLAND, FL 34145

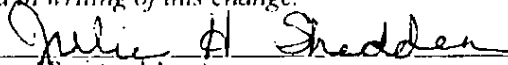
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

ERIN MILLER

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