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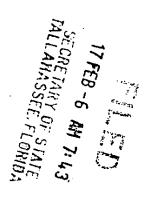
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To the recipient of this document,

The purpose of this document is to change the current Resident office address for *Kalo Enterprises LLC*, Document number: L17000020240. The current resident office address is: 333 W Lake Elbert Drive NE. Winter Haven FL, 33881. The new resident office address; 395 Ave C NW Winter Haven FL, 33881. Also the filing also seems to have a typo for the resident agents last name, it is listed as *JACOB KALORGRIDS* the correct spelling of the resident agents name is *JACOB KALOGRIDIS* there appears to be an extra **R** in the filing of the resident agents last name. I Jacob Kalogridis the resident agent for *Kalo Enterprises LLC* certify these changes.

Thank you,

Jacob Kalogridis Kalo Enterprises LLC 863-258-6141 Jacob.Kalogridis@hotmail.com

- Joel Galeguides

COVER LETTER

	ration Section on of Corporations					
	Kalo Enterprises LLC					
Name of Limited Liability Company						
Dear Sir or Ma	dam:					
The enclosed F	Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.			
Please return a	Il correspondence concerning this	matter to the fo	ollowing:			
Jacob Kalog	gridis					
	Name of Person		_			
Kalo Enterp	rices LLC	·				
	Firm/Company		-			
PO Box 740)					
	Address		_			
Estero/FL3	33929					
	City/State and Zip Code		_			
•	ridis@hotmail.com					
E-mail a	ddress: (to be used for future annua	il report notific	cation)			
For further information concerning this matter, please call:						
Jacob Kalo	gridis	863	258-6141			
	Name of Person		Area Code & Daytime Telephone Number			
Regist Divisi Clifto 2661 I	ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	Reg Div P.O	distration Section ision of Corporations . Box 6327 lahassee, Florida 32314			
Enclosed is a check for the following amount:						
2 \$25	Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
INHS18 (2/14)						

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.

	me of the limited liability company:	4.	;		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 333 W Lake Elbert Dr. NE	(b)		Во	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 0x 740
	Winter Haven FL, 33881		Est	ero	FL, 33929
	01/25/2017		L	1	7000020240
i. (a)	Date of filing/registration in Florida Jacob Kalogridis	4.			Document number
. (u)	Registered Agent and Registered Office shown on the records of 333 W Lake Elbert Dr. NE	the Florida	Dept.	of St	tate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>)</u>		 ,
	Winter Haven, FI	33881			17 SEC TALL
(b)	Jacob Kalogridis			·	FEB -6
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ado	<u>iress</u> :		
	Jacob Kalogridis				
	NEW Registered Office Address: 395 Ave C NW,				ATE AND A
	Winter Haven	33881			
ie cha gent v /as/we	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regis iability co of the lim e limited l	stered impar ited l iabili	l off ny, i liabi ity c	ice and the business office of the registers it is hereby confirmed that the change(s) lity company or as otherwise provided in
Signa	ture of a member or authorized representative of a member				Printed or typed name of signee
herei rovisi ne obl o mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to act e performe ed for in (hereby co	in th ance Thapt onfiri	is co of m ter 6 n the	apacity. I further agree to comply with the ny duties, and I am familiar with and acce 105, F.S. Or, if this document is being file at the limited liability company has been

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

Signature of Registered Agent