

L17000020240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
17 FEB - 6 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

- *Jacob Kalogridis*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kalo Enterprises 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:

Jacob Kalogridis

Name of Person

Kalo Enterprises LLC

Firm/Company

PO Box 740

Address

Estero/ FL 33929

City/State and Zip Code

jacob.kalogridis@hotmail.com

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

For further information concerning this matter, please call:

Jacob Kalogridis 863 258-6141
Name of Person at () 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.

Kalo Enterprises LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

333 W Lake Elbert Dr. NE

PO Box 740

Winter Haven FL, 33881

Estero FL, 33929

3. 01/25/2017 Date of filing/registration in Florida 4. L17000020240 Document number

5. (a) Jacob Kalogridis

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

333 W Lake Elbert Dr. NE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Winter Haven, FL 33881

(b) Jacob Kalogridis

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Jacob Kalogridis

NEW Registered Office Address:

395 Ave C NW,

Winter Haven, FL 33881

FILED
17 FEB - 6 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Jacob Kalogridis

Jacob Kalogridis
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.

Jacob Kalogridis
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00