117000038885

(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



600336039496

10/29/19--01018--001 **25.00

SECRETARY OF STATE

SECRETARY OF STATE

TALL FOR CIPE, PLOSIDA

TALL FOR CIPE, PLOSIDA

Y SULKER NOV 1 8 2019



2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: October 23, 2019

AE:

Cori Ann Crosthwaite

TO:

Florida Department of State

H1080

REFERENCE: 1267732

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

KIDD GROUP INTERNATIONAL, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

Service Description	Check Number	Name	Amount
Change of Registered Agent	737459	Florida Department of State	\$25

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

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. N	ame of the limited liability company: KIDD GRO	OUP INTER	RNATIONAL, LLC
2. (a)	3213 DUKE STREET, STE 657	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ALEXANDRIA, VA 22314	<u> </u>	
		L17000	038885
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALING CORPORATE SERVICES INC.		
` '	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of St	tate:
	5237 SUMMERLIN COMMONS BLVD STE		
	Registered Office Address (MUST BE FLORIDA STREET A		
	FORT MYERS	33907	
(b)	ROCKET LAWYER CORPORATE SERVICE	ES LLC	1019 OCT 29 PH
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- · · · · · · · · · · · · · · · · · · ·
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		PH 2
	NEW Registered Office Address:		2: 09
	TALLAHASSEE	32301	_ ~
	_		_
agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill to identical. Or, in the case of a Florida limited lial authorized by an affirmative vote of the members of the organization or the operating agreement of the limited liability.	the registered office bility company, it is the limited liability company to the limited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Eignati	me of a member or authorized representative of a member	Christopher	
I hereb provision he oblig o merei fotified	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change	e to act in this cap performance of my for in Chapter 60 preby confirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
angnature	Division of Cornerations P.O. Ro	N 63774 T-11 1	

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