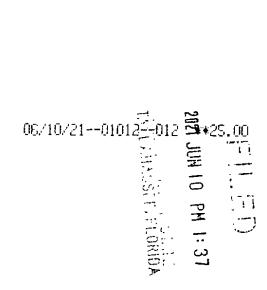
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(Requestor's Name)				
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Special Instructions to	Eiling Officer			
Special Instructions to Filing Officer:				

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: KLKH LLC Name of I	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Kristen Lanza Name of Person		
KLKH LLC Firm/Company	<del></del>	
<u>6822 22nd Ave N +</u> Address	±32 <u>9</u>	
St. Petersburg, FL 33 City/State and Zip Code	OF	
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, please	e call:	
Kristen Lanta at Name of Person	( <del>727</del> ) 804-6338  Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amou	int:	
\$25 Filing Fee	☐ \$55 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.

1. Name of the limited liability co	mpany: KLKH LLC	<u> </u>		
2. (a) 6822 22nd A		(b) 6822 22nd Ave N		
Principal office address of		Mailing address	s of limited liability company:  **BE POST OFFICE BOX**)	
#329	<u> </u>	<u> </u>		
st. Retersbur	g, FL 33710	st. Petersla	vg, FL 33710	
04/26/17		L17000092	528	
3. Date of filing/regist	tration in Florida 4.	Document n		
5. (a) Lanza Kris	sten			
	Office shown on the records of the Flo	orida Dept. of State:	202 TAL	
524 61St St N	1		2021 JUN 10	
Registered Office Address (M)	<u>UST BE FLORIDA STREET ADDR</u>	ESS)		
St. Retersburg	FL 33710	<del></del>		
~	, FL		PM 1: 37	
			- 0.2.	
(b)			7	
Enter name of <u>NEW Registered A</u>	Agent and/or NEW Registered Office	e address:		
682272nd 1	en N			
NEW Registered Office Address:		<del></del>		
#329				
<u> </u>				
st. Petersburg	9, FL_3	3710		
If the limited liability company is no change or changes are made, the Flo agent will be identical. Or, in the ca was/were authorized by an affirmati the articles of organization or the op	ot organized under the laws of orida street address of the regis ase of a Florida limited liability ive vote of the members of the	the State of Florida, it is heltered office and the busines company, it is hereby conflimited liability company old liability company.	ss office of the registered firmed that the change(s) is as otherwise provided in	
Signature of a member of authorized repr	acontative of a mambar	Kristen Lar Printed or type	130	
I hereby accept the appointment as provisions of all statutes relative to the obligations of my position as resto merely reflect a change in the resnotified in writing of this change.  Signature of Registered Agent	registered agent and agree to	act in this capacity. I furth	er agree to comply with the	
' '				