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Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE KPO PROPERTIES LLC

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## 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.

(a)	3505 VETERANS MEMORIAL HWY	(b)	3505 VETERANS MEMORIAL HWY
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE D		SUITE D
	RONKONKOMA, NY 11779		RONKONKOMA, NY 11779
	05/26/2017		L17000116963
	Date of filing/registration in Florida	4.	Document number
. (a)	CHET FINKBEINER Registered Agent and Registered Office shown on the records of 4519 SE 16TH PLACE		
	Registered Office Address (MUST BE FLORIDA STREE	<u>TADDRESS)</u>	78 Z
	UNIT 109	·	EE <b>I</b> T
	CAPE CORAL	L_33904	HILLAHASSIT.F
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Register 3030 N. Rocky Point Dr.	ed Office addres	TILL 13 AN 8: 55
	NEW Registered Office Address:		
	STE 150A		
	Tampa	FL_33607_	
he cha igent v was/we he arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the case of a florida limited action.	of the register liability comp s of the limited	ed office and the business office of the registere pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
-	tore of a member or authorized representative of a member		• • • • • • • • • • • • • • • • • • • •
grovisi T	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi	ded for in Cha	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep pier 605, F.S. Or, if this document is being filed from that the limited liability company has been

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