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AUG 1 1 2018 S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	SUBJECT: KParks-AMTIS, LLC Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
Kizzy	M. Dominguez, Ph.D.					
	Name of Person					
K. Pa	arks Consulting, Inc.					
	Firm/Company		<u> </u>			
1900	S. Harbor City Blvd, 335					
	Address					
Melb	ourne, FL 32901					
	City/State and Zip Code					
kpark	s@kparksconsulting.com					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Kizzy	M. Dominguez, Ph.D.	321 at (795-1908			
	Name of Person		Area Code & Daytime Telephone Number			
	Registration Section Reg Division of Corporations Divi Clifton Building P.O.		IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	x\$25 Filing Fee	<u> </u>	355 Filing Fee & Certified Copy			
INHSI	8 (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. N	ame of the limited liability company: KParks-AMTI	S, LLC			
2. (a)	c/o K. Parks Consulting, Inc.	_(b) c/o K. F	(b) c/o K. Parks Consulting, Inc.		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1900 S. Harbor City Blvd, 335	1900 S.	Harbor City Blvd, 335		
	Melbourne, FL 32901	Melbou	rne, FL 32901		
	6/22/2017	L170001	35808		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)				
J. (L	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta			
	UNITED STATES CORPORATION AGENT	÷ 3			
	Registered Office Address (MUST BE FLORIDA STREET)	-			
	13302 WINDING OAK COURT A				
	TAMPA	33612			
(b)					
	1900 S. Harbor City Blvd, 335				
	Melbourne, FL	32901	_		
the ch agent was/w	limited liability company is not organized under the lav ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered office ability company, it of the limited liability	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
K	15 mg	Dr. Kizzy M.			
I here provis the obto men notific	ature of a member or authorized representative of a member by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete diligations of my position as registered agent as provide rely reflect a change in the registered office address, I is a change of this change. The property of this change.	ree to act in this cap performance of my d for in Chapter 60 hereby 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		