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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

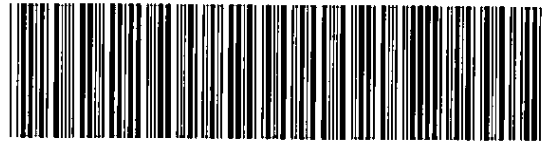
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KAOL DURO ONE, 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:

CARLOS ANDRES LOPEZ AVILA

\_\_\_\_\_  
Name of Person

KAOL DURO ONE, LLC

\_\_\_\_\_  
Firm/Company

316 W. DUVAL STREET

\_\_\_\_\_  
Address

LAKE CITY, FL

\_\_\_\_\_  
City/State and Zip Code

kaolduro@hotmail.com

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

For further information concerning this matter, please call:

CARLOS ANDRES LOPEZ AVILA

\_\_\_\_\_  
Name of Person

386 752 5940  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2019

CARLOS ANDRES LOPEZ AVILA  
316 W. DUVAL STREET  
LAKE CITY, FL 32055

SUBJECT: KAOL DURO ONE, LLC  
Ref. Number: L17000173777

We have received your document for KAOL DURO ONE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 519A00014151

RECEIVED  
2019 AUG - 1 AM 10:25

**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 company: KAOL DURO ONE, LLC

2. (a) 316 W. DUVAL STREET  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
LAKE CITY, FL  
32055

(b) 316 W. DUVAL STREET  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
LA 11

3. 08/15/2017 Date of filing/registration in Florida

4. L17000173777 Document number

5. (a) REGISTERED AGENTS INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4TH STREET NORTH

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 300

ST. PETERSBURG, FL 33702

(b) CARLOS ANDRES LOPEZ AVILA

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

316 W. DUVAL STREET

NEW Registered Office Address:

LAKE CITY, FL 32055

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.

[Signature]  
Signature of authorized representative of a member

CARLOS ANDRES LOPEZ AVILA

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.

[Signature]  
Signature of Registered Agent

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

FILING FEE: \$25.00