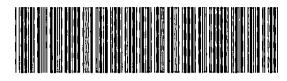
47000176364

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		j			
		}			

Office Use Only



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COVER LETTER

	D: Registration Section Division of Corporations				
SUBJECT					
	Name of	Limited Liabili	ty Company		
Dear Sir or	· Madam:				
The enclos	ed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this ma	itter to the follo	wing:		
Keith Pag	ge				
	Name of Person				
Ketomi L	LC				
	Firm/Company				
1355 De	brecen Rd				
	Address				
Sarasota	a, FL, 34240				
	City/State and Zip Code				
_	ketomi.com				
E-ma	il address: (to be used for future annual r	eport notification	on)		
For further information concerning this matter, please call:					
Keith Pag	ge at	941	203-4590		
	Name of Person		ea Code & Daytime Telephone Number		
Re Di Cli 26	rretr/courier address: egistration Section vision of Corporations ifton Building 61 Executive Center Circle Illahassee, Florida 32301	Registr Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314		
En	Enclosed is a check for the following amount:				
Ø	\$25 Filing Fee	□ \$55 Fi	ling 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. N	ame of the limited liability company: Ketomi LLC				
2. (a)		(1	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)	
	1215 Sarasota Center Dr		1215 Sa	rasota Center Dr	
	Sarasota FL 34240	-	Sarasot	a FL 34240	
	8/17/2017		L170001	76364	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State	- 9:	
	Keith Page				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	5331 PAYLOR LANE, SUITE 100			26	
	Sarasota F	34240)	7-11. E	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office #	tdross:		
	Tanci hanc or All W Registered Agent and or MIW Registered	u trince at	<u>101¢33</u> .	きっこう	
	Keith Page			FH 3: Th	
	NEW Registered Office Address:			•	
	1215 SARASOTA CENTER DR				
	Sarasota F	34240)	_	
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg iability c of the lir e limited	istered office ompany, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
-	the or a member of authorized representative of a member by accept the appointment as registered agent and ag	map to a	et in this con	•	
provis the ob to mer	ions of all statutes relative to the proper and completed in the constituence of all statutes relative to the proper and completed ligations of my position as registered agent as provided in the registered office address, I d'in writing of this change.	e perforn ed for in hereby c	nance of my Chapter 603 confirm that	duties, and I am familiar with and accept is, F.S. Or. if this document is being filed the limited liability company has been	

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

Signature of Registered Agent