

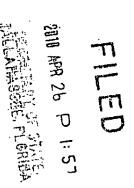
| (Requestor's Name) | | | | |
|---|-----------------------|------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (C | ity/State/Zip/Phone # | <i>f</i>) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates o | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

| SUBJECT: ALZON T KENNE | DY LLC ne of Limited Liability Company | | |
|---|---|------|--|
| | te of Elithied Elability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Offi | ice Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning thi | is matter to the following: | | |
| | | | |
| AAZON KENNEDY | | | |
| Name of Person | | | |
| | | | |
| ARROW TEENNEDY LL | | | |
| Firm/Company | | | |
| | | | |
| 3044 NOVUS ST. | | | |
| Address | | T | |
| The second second | 7 A 26 | TITE | |
| SARASOTA R1 3423 | <u>7</u> | 1 | |
| City/State and Zip Code | | 5 | |
| a Kennyal, OHIR and | 1.com | | |
| E-mail address: Tabe used for future ann | ual report notification) | | |
| For further information concerning this matter, | | | |
| For future information concerning this matter, | please can. | | |
| AARON RELNEDY | at (941) 266-1531 | | |
| Name of Person | Area Code & Daytime Telephone Number | | |
| | | | |
| STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building | | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | |
| Tallahassee, Florida 32301 | , | | |
| Enclosed is a check for the following | amount: | | |
| \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | |

TEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company is the following statement in order to change its registered office or registered agent, or both, in the State of world

| 2 . Oi iuu | Л |) | |
|-----------------------------------|---|--|--|
| 1. Nar | ne of the limited liability company: _ Aazㅇ _ ヿ | KENN | DY LLC |
| 2 (a) | 3044 NOUNS ST SARASOTA FL | (b) | |
| (u) <u>-</u> | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 34237 | | |
| | | | |
| | | | |
| | 9-20-2017 | <u>L1.</u> | 70000 195692 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | CAY, JEM | | |
| | Registered Agent and Registered Office shown on the records of the B | Florida Dept. of Sta | te: |
| | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADD | RESS) | 3 1 |
| | 3984 EAST SZ 64 | | _ 90 2 F |
| | BRANEWTON FL | 24208 | |
| | , rL | 3 1000 | |
| (b) | AARON KENNEDY | | _ 元 5 |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Off</u> | ice address: | |
| | | | |
| | NEW Registered Office Address: | | _ |
| | | | |
| | 3044 HOVUS ST & | | _ |
| | SARASOTA,FL | 34237 | _ |
| If the li | mited liability company is not organized under the laws o | of the State of F | lorida, it is hereby confirmed that after |
| the char | nge or changes are made, the Florida street address of the | registered offic | ce and the business office of the registered |
| was/wei | ill be identical. Or, in the case of a Florida limited liabil re authorized by an affirmative vote of the members of the | ıe limited liabili | ty company or as otherwise provided in |
| the artic | les of organization or the operating agreement of the lim | | - • |
| Signati | are of a member or authorized representative of a member | HARDN | Printed or typed name of signee |
| | y accept the appointment as registered agent and agree t | | |
| provision the obli- to mere | y accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided fo ly reflect a change in the registered office address, I here in writing of this change. | formance of my r in Chapter 60 by confirm that | duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| () (C) | a of Pagistared Agent | | |

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