

L17000206242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

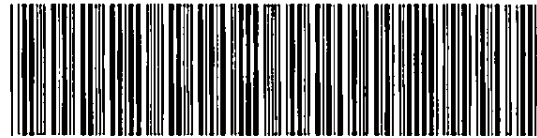
(Business Entity Name)

(Document Number)

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OCT 25 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KDR ADVISORS 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:

Raymond Vargas Sr.
Name of Person

KDR ADVISORS LLC
Firm/Company
10547 Regent Square Drive Orlando
12301 CAKE UNDER HILL RD. Suite 111
Address

Orlando Florida 32825
City/State and Zip Code

rVargas00747@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: _____

Raymond Vargas Sr. at (407) 625-7932
Name of Person 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

2017 OCT 23 PM 3:42
MAIL ROOM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2017

RAYMOND VARGAS SR
151 SABAL PALM DRIVE
LONGWOOD, FL 32779

SUBJECT: KDR ADVISORS LLC.
Ref. Number: L17000206242

We have received your document for KDR ADVISORS LLC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 517A00020537

2017 OCT 23 PM 3:48

**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: KDR Advisors LLC.

2. (a) Officer Address (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

151 Sabal Palm Drive
Longwood Florida 32779

3. 10/05/2017 4. L17000206242
Date of filing/registration in Florida Document number

5. (a) Raymond Vargas Sr.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10547 Regent Square Drive
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12301 Lake Underhill Rd.
Orlando, FL 32825

(b) Raymond Vargas Sr.
Enter name of **NEW** Registered Agent and/or **NEW** Registered Office address:

NEW Registered Office Address:

151 Sabal Palm Drive
Longwood, FL 32779

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.

Raymond Vargas Sr.
Signature of a member or authorized representative of a member

Raymond Vargas Sr.
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.

Raymond Vargas Sr.
Signature of Registered Agent

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