

L17000231622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

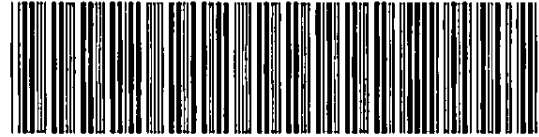
(Business Entity Name)

(Document Number)

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2017-12-06 10:33



DONNELLY MINTER & KELLY, LLC

ALEXANDRA B. ROBERTSON
Direct Dial 973-200-6384
ARobertson@dmklawgroup.com

Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Kerwin Out of Home Services, LLC

Dear Sir or Madam:

This office represents Kerwin Out of Home Services, LLC, a Florida limited liability company. Enclosed please find the application to change the registered office for the corporation along with a check in the amount of \$25.00 for the filing fee.

Please feel free to contact me with any questions.

Very Truly Yours,

Alexandra B. Robertson

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kerwin Out of Home Services, 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:

James Kerwin

Name of Person

Firm/Company

889 East Palmetto Park Road

Address

Boca Raton, Florida 33432

City/State and Zip Code

jkerwin@kerwincommunications.com

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

For further information concerning this matter, please call:

Peter T. Donnelly, Esq. at (973) 200-6410
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

**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: Kerwin Out of Home Services, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

889 East Palmetto Park Road

889 East Palmetto Park Road

Boca Raton, Florida 33432

Boca Raton, Florida 33432

November 8, 2017

L17000231622

3. Date of filing/registration in Florida

4. Document number

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

James Kerwin

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

707 East Palmetto Park Road

Boca Raton, FL 33432

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

James Kerwin

NEW Registered Office Address:

889 East Palmetto Park Road

Boca Raton, FL 33432

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 of a member or authorized representative of a member

James Kerwin
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 of Registered Agent

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