## 117000237836

| (Requestor's Name)                      | , <u></u> |
|---|-----------|
|   |           |
| (Address)                               |           |
|   |           |
| (Address)                               |           |
|   |           |
| (City/State/Zip/Phone                   | #)        |
| PICK-UP WAIT                            | MAIL      |
|   |           |
| (Business Entity Nam                    | e)        |
|   |           |
| (Document Number)                       |           |
|   |           |
| Certified Copies Certificates           | of Status |
|   |           |
| Special Instructions to Filing Officer: |           |
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Office Use Only



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## **COVER LETTER**

|                      | egistration Section vision of Corporations  | . •               | ٠.  |                              |        |
|----------------------|---|-------------------|---|------------------------------|--------|
| SUBJECT              | Kinship Design Marketing, I   | LLC               |   |                              |        |
| SOBJECT              |   | ne of Limited Li  | ability Company   |                              |        |
| Dear Sir o           | r Madam:  |                   |   |                              |        |
| The enclos           | sed Registered Agent/Registered Off   | ice Change and    | fee(s) are submitted for filing.  |                              |        |
| Please retu          | urn all correspondence concerning th  | is matter to the  | following:  |                              |        |
| Sarah K              | inbar   |                   |   |                              |        |
|                      | Name of Person  |                   | _   |                              |        |
| Kinship              | Design Marketing  |                   |   |                              |        |
|                      | Firm/Company  |                   | _   | [A]                          | )<br>- |
| 424 E. C             | Central Blvd. #711  |                   |   | ZUM AUG<br>SECAER<br>TALLAHA |        |
|                      | Address   |                   | <del></del>   | SSS C                        |        |
| Orlando,             | , FL 32801  |                   |   | 144339<br>24439              |        |
| <del></del>          | City/State and Zip Code   |                   | _   | SIALE<br>LORIDA              |        |
| sarah@l              | kinshipdesignmarketing.com  |                   |   |                              |        |
| E-ma                 | ail address: (to be used for future ann   | ual report notifi | cation)   |                              |        |
| For further          | r information concerning this matter.   | please call:      |   |                              |        |
| Sarah Ki             | inbar   | 407<br>at (       | 461-4368  |                              |        |
|                      | Name of Person  | \                 | Area Code & Daytime Telep   | phone Number                 |        |
| Re<br>Di<br>Cl<br>26 | egistration Section ivision of Corporations ifton Building 61 Executive Center Circle illahassee, Florida 32301 | Reş<br>Div<br>P.C | AILING ADDRESS: gistration Section vision of Corporations 0. Box 6327 lahassee, Florida 32314 |                              |        |
| Er                   | nclosed is a check for the following  | amount:           |   |                              |        |
| Ø                    | \$25 Filing Fee   | <b>□</b> \$5      | 5 Filing Fee & Certified Copy   | y                            |        |

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.

| 2. (a) Kinship Design Marketing LLC  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  424 E. Central Blvd #711  Orlando, FL 32801  | <del>-</del>                                      | 424 E. C  |   | imited liability compan                  | -                                  |
|--|---|---|---|--|------------------------------------|
| Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  424 E. Central Blvd #711   | <br><br>  | 424 E. O  | (Note: MAYBE<br>Central Blvd #  | POST OFFICE BOX                          | -                                  |
|  | <del>-</del>                                      | Orlando   |   | 711                                      |                                    |
| Orlando, FL 32801  | <del>-</del>                                      |   | , FL 32801  |  |                                    |
|  | <del>-</del>                                      | 1700023   |   |  |                                    |
| 11/17/2017   | <del>-</del>                                      | -1700020  | 37836   |  |                                    |
| 3. Date of filing/registration in Florida  | 4.  |   | Document num  | ber                                      | ·                                  |
| 5. (a) Sarah Kinbar  |   |   |   |  |                                    |
| Registered Agent and Registered Office shown on the records of t   | the Florida                                       | Dept. of State  | <u>.</u><br>::  |  |                                    |
| Registered Office Address (MUST BE FLORIDA STREET A  | 1DDRESS)  |   | •   | S. 28                                    |                                    |
| 7233 Bay Club Way  |   |   |   | 2018 AUG<br>Seure d<br>Tallaha           | Ŧì                                 |
| Orlando, FL  | 32835   |   | -   | UG 30<br>NE SAN<br>AHASS                 |                                    |
| (b) Sarah Kinbar (same person)   |   |   | _   |  | 7)                                 |
| Enter name of NEW Registered Agent and/or NEW Registered   | Office add  | ress:   |   | STATE<br>LORIDA                          |                                    |
| MGR  |   |   | _   | 4٤                                       |                                    |
| NEW Registered Office Address:   | -   |   |   |  |                                    |
| 151 N. Orlando Ave. #711   |   |   | -   |  |                                    |
| Winter Park FL   | 32789   |   | -   |  |                                    |
| If the limited liability company is not organized under the law<br>the change or changes are made, the Florida street address of<br>agent will be identical. Or, in the case of a Florida limited lia<br>was/were authorized by an affirmative vote of the members of<br>the articles of organization or the operating agreement of the                                | the registability con<br>the limi                 | ered office<br>npany, it is<br>ted habilit              | e and the busines<br>s hereby confirm<br>y company or as  | ss office of the regined that the change | stered<br>(s)                      |
| aul III  | Sara  | ah Kinbar   |   |  |                                    |
| Signature of a member or authorized representative of a member  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I have a registered in writing of this change | ee to act<br>performa<br>d for in C<br>hereby co. | in this cape<br>nce of my c<br>hapter 605<br>nfirm that | Printed or typed na<br>acity. I further a<br>duties, and I am<br>F.S. Or, if this<br>the limited liabil | agree to comply wi                       | th the<br>accept<br>; filed<br>een |