L17000 241 074

| (Requestor's Name) | | | |
|-----------------------------------------|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (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

| TO: Registration Section Division of Corporations | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|--|--|--|
| KA&DE Consulting, LLC SUBJECT: | | | | | |
| | ne of Limited Liability Company | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Offi | ice Change and fec(s) are submitted for filing. | | | | |
| Please return all correspondence concerning thi | is matter to the following: | | | | |
| Sandra Kamakura | | | | | |
| Name of Person | | | | | |
| | | | | | |
| Firm/Company | | | | | |
| 4218 NE 2nd Ave, 2nd floor | | | | | |
| Address | | | | | |
| Miami, FL 33137 | | | | | |
| City/State and Zip Code | | | | | |
| sandrakamakura1@gmail.com | | | | | |
| E-mail address: (to be used for future annu | ual report notification) | | | | |
| For further information concerning this matter, | please call: | | | | |
| Sandra Kamakura | 305 546.5072 | | | | |
| Name of Person | Area Code & Daytime Telephone Numb | | | | |
| 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 | | | | |
| 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: KA&DE Cons | ulting LLC | |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) | | | |
| • | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 2626 Taylor Street, Hollywood, FL 33020 | | 26 Taylor Street, Hollywood, FL 33020 |
| | 11/22/2017 | L170 | 000241074 |
| i. | Date of filing/registration in Florida | 4. | Document number |
| i. (a) | Registered Agent and Registered Office shown on the records of the United States Corporation Agents, Inc. Registered Office Address (MUST BE FLORIDA STREET A 5575 S. Semoran Blvd, Suite 36 | | of State: |
| | Orlando | 32822 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Sandra Kamakura NEW Registered Office Address: 4218 NE 2nd Avenue | 2019 AUG 15 AM | |
| | | 33137 | |
| he\cha gent v vas/vy | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of thes of organization or the operating agreement of the | the registered ibility compan f the limited li limited liabili | l office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| herei rovisi he obl mere otified | by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as providea ely reflect a change in the registered office address. I h d in writing of this change. | ee to act in thi performance of I for in Chapto ereby confirm | is capacity. I further agree to comply with the of my duties, and I am familiar with and acceper 605, F.S. Or, if this document is being filed in that the limited liability company has been |
| يلات | de la company de | | |