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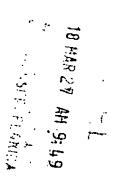
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KTM F/OORZ CLC 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:
TARA JMCDonald Name of Person
KTM FIOORZ LLC Firm/Company
1245 W. High Acres St.
Lecanto F1 34461 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TARA M Dnaldat (352) (667-3502 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
INHS18 (2/14)
Mail mg \$25 money order today 3/24/18
wanted to the over too of I can.

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.	Na	ime of the limited liability company: KTM +100RZ LLC
2. (a	1)	(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)
		1245 W. High Acres St PO Box 92
		Lecanto #1 34461 Homosassa Spring #1
		12/8/17 617000251675
3.		Date of filing/registration in Florida 4. Document number
5. (a)	- TARA J M-Donald
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		38 Sycamore Circle
		Homo Sassa FL 34446
		7
(1	b)	I ARA J McDonald
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		NEW Registered Office Address:
		1245 W. High Acres St. 5
		12 (3 0)
		<u>Le canto</u> 1. FL 34461
If the	e li	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
		nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/	we	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the a	ırtı 	cles of organization or the operating agreement of the limited liability company.
Sig	goal	aure of a inember or authorized representative of a member Printed or typed name of signee
I he	rel	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
prov	1 <i>51</i>	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
to m notif	ero ieo	igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed By reflect a change in the registered office address, I hereby confirm that the limited liability company has been I proviting of this change.
ب	The same of the sa	an M. Thald
Sign	alu	re of Registered Agent