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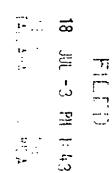
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S. PRATHER

COVER LETTER

TO:

Registration Section Division of Corporations

KENNIS RESEAU 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:

CHANDRA MOHAN
Name of Person

KENNIS RESEAU LLC
Firm/Company

16904 VARDON TER. UNIT 304

LAKEWOOD RANCH, FL 34211
City/State and Zip Code

CMOHANGO1 @ GMAIL. COM

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

For further information concerning this matter, please call:

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:

3525 Filing F

\$55 Filing Fee & Certified Copy

INT THE FORMS EARLIER & FORGO INCLUDE THE CHECK, THE CHECK

NORSED ALONG WITH A GORY
SE DOCUMENTS SENT GARLIER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Φ

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 80	une of the limited lightlity gompany KENNIS	$\mathcal{Q}_{\boldsymbol{x}}$.	بلامه	LL	C				
	and of the finited hability company.	_							
2. (a)	45/3 WEST CULBREATH Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (t) <u>4</u> ;	Mailin	JEST CU g address of limit u: MAY BE PO	ed liability	company:		
	TAMPA, FL 33609	-	TA	mPA	, FL 3	3360	9		
	1-30-2018 /2-1-2018	-		1800	000274	47 <i>8</i>			
3.	Date of filing/registration in Florida	4.	•	Doca	ument number	į			
5. (a)	GOVIN RAJAN								
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of	f State:					
	4513 WEST CHLBREATH								
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	2				* 33	ळ	
							:= -	ے	
	TAMPA FL	22	600				-	Ξ	.=
	, FL_	<u>33</u>	00	7-				4	ſ
(b)	CHANDRA MOHAN						• •	•	
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ade	iress:				.**	: :	ţ
							<u></u>	• -	
	16904 VARDON TER.						A	43	
	NEW Registered Office Address:	_						-	
	UNIT 304								
	· · · · · · · · · · · · · · · · · · ·	34							
agent w	nited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of les of organization or the operating agreement of the limited les of organization.	ic regis ility co the limi	tered o mpany, ited list	ffice and t , it is here! bility com	the business of by confirmed	ffice of th	ne registe	red	
	Zhandi Awh	C	HAN	IDRA	MOHA	ام			
	re of a member or authorized representative of a member			Printe	d or typed name	of signee		—	
I hereby provision the obligation merel notified	vaccept the appointment as registered agent and agree ins of all statutes relative to the proper and complete perations of my position as registered agent as provided for reflect a change in the registered office address, I her in writing of this change?	to act erforma or in C reby co	in this ince of hapter infirm t	capacity. my duties, 605, F.S. hat the lin	I further agre , and I am fan Or, if this do nited liability	ee to com niliar with cument is company	ply with h and acc being fi has beer	the cept led	
Signature	Old in the Control of	6327	Talla	hassee, F	L 32314				