

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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

Address

LAKEWOOD RANCH, FL 34211

City/State and Zip Code

CMOHAN001@GMAIL.COM

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

For further information concerning this matter, please call:

CHANDRA MOHAN

Name of Person

at (630) 544-4222

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

NHS13 (2/14)

I SENT THE FORMS EARLIER & FORGOT
TO INCLUDE THE CHECK. THE CHECK
IS ENCLOSED ALONG WITH A COPY
OF DOCUMENTS SENT EARLIER

THANK YOU

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: KENNIS RESEAU LLC

2. (a) 4513 WEST CULBREATH (b) 4513 WEST CULBREATH

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

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

TAMPA, FL 33609

TAMPA, FL 33609

3. 1-30-2018 / 2-1-2018
Date of filing/registration in Florida

4. L18000027478
Document number

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

4513 WEST CULBREATH
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33609

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

16904 VARDON TER.
NEW Registered Office Address:

UNIT 304
LAKEWOOD RANCH, FL 34211

18 JUL -3 ... 1:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

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.

Chandra Mohan
Signature of a member or authorized representative of a member

CHANDRA MOHAN
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.

Chandra Mohan
Signature of Registered Agent

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