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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

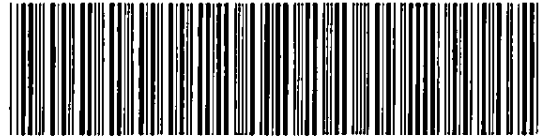
(Business Entity Name)

(Document Number)

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OFFICE OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KGSAGROGROUPLLC

\_\_\_\_\_  
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:

ARNOLD SIMON

\_\_\_\_\_  
Name of Person

KGSAGROGROUPLLC

\_\_\_\_\_  
Firm/Company

7000 ISLAND BLAV

\_\_\_\_\_  
Address

AVENTURA FLORIDA 33160

\_\_\_\_\_  
City/State and Zip Code

simonahs@kgsagro.com

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

For further information concerning this matter, please call:

ARNOLD SIMON

9176970211

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*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) 7000 ISLAND BLVD BV06 (b) 7000 ISLAND BLVD BV06 AVENTURA FLORIDA 33160  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

5. (a) ARNOLD SIMON 1111A RUSSELL DR. HIGHLAND BEACH FLORIDA 33987  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1111A RUSSELL DR. HIGHLAND BEACH FLORIDA 33487  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7000 ISLAND BLVD.AVENTURA FLORIDA 33160

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**NEW** Registered Office Address:

7000 ISLAND BLVD BV06 AVENTURA FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FL

Arnaud Simon  
Printed or typed name of signee

Signature of Registered Agent