

## L18 0000 41294

(Re	equestor's Name)			
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## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	KGSAGROGROUPLLC			
SUBJECT:	Name of Limited Liability Company			
Dear Sir or M	Aadam:			
The enclosed	Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return	all correspondence concerning this m	atter to the following:		
ARNOLD SI	MON			
	Name of Person	<del></del>		
KGSAGROG	SROUP LLC			
	Firm/Company	<del></del>		
7000 ISLANI	D BLAV			
	Address	<del></del>		
AVENTURA	FLORIDA 33160			
	City/State and Zip Code			
simonahs@kg	gsagro.com			
E-mail	address: (to be used for future annual	report notification)		
For further in	nformation concerning this matter, ple	ase call:		
ARNOLD SI		9176970211 at ()		
	Name of Person	Area Code & Daytime Telephone Number		
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enci	osed is a check for the following am	ount:		
<b>2</b> \$2	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.

ame of the limited liability company: KGSAGROGRO	UPLLC	
7000 ISLAND BLVD BV06	7000 ISI.	AND BLVD BV06 AVENTURA FLORIDA 33160
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
SEPT 2020	1.180000	41294
Date of filing/registration in Florida	- <sub>4.</sub>	Document number
ARNOLD SIMON 1111A RUSSELL DR. HIGHLAND BEACH	I FLORIDA 33987	
Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	State:
TITTA RUSSELL DR.HIGHLAND BEACH FLORIDA		
Registered Office Address (MUST BE FLORIDA STREET	<u></u>	
<del></del>		2
, FI	,	SECULIA SECULIA TALLI
ARNOLD SIMON		DEC -2 PM
Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- PH FO
7000 ISLAND BLVD.AVENTURA FLORIDA 33160		# 3: 13 EEE, FL
NEW Registered Office Address:		m w
7000 ISLAND BLVD BV06 AVENTURA FLORIDA		
, FL	33160	
limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered office a ability company, i of the limited liability continued in the limited liability continued in the liability con	and the business office of the registered t is hereby confirmed that the change(s) ility company or as otherwise provided i ompany.
ature of a member or authorized representative of a member	/ <u>T</u>	Printed or typed name of signee
why accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It is yriting of this change.	performance of m d for in Chapter 6	iy duties, and I am familiar with and acc 705, F.S. Or, if this document is being fi