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(Requestor's Name)		
(Address)		
(Address)		
(Addiess)		
(Cit	y/State/Zip/Phone	e #)
(Business Entity Name)		
(Do	cument Number)	,
Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		

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COVER LETTER

TO: Registration Section Division of Corporations

SOUTH KINS 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:

WINSTON WEILHEIMER

Name of Person

IN HOME TAX SERVICE INC

Firm/Company

206 S SPRING GARDEN AVE

Address

DELAND FL 32720

City/State and Zip Code

INHOMETAXSERVICE@MSN.COM

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

For further information concerning this matter, please call:

WINSTON WEILHEIMER 386 736-8752 at (Name of Person Area Code & Davtime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section **Registration Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee Florida 32301 Enclosed is a check for the following amount:

[™] \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

I. Na	me of the limited liability company: SOUTH KINS I	LLC	
2. (a)	3330 QUEEN PALM DR	(b)	PO BOX 457
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	EDGEWATER FL 32141	-	NEW SMYRNA BEACH FL 32141
		-	
	04/06/2018		
3.	Date of filing/registration in Florida	4	Document number
5. (a)	UNITED STATES CORPORATION AGENTS,	, INC	
/. (u)	Registered Agent and Registered Office shown on the records of the	: Florida	Dept. of State:
	13302 WINDING OAK COURT A		
	Registered Office Address (MUST BE FLORIDA STREET AD	D <u>DRESS</u>	 L
	TAMPA FL 33612		
	, FL		ALL PALL
			TALLAHASSE
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	(G.a., a.d.)	
	Enter name of <u>the w Registered Agent</u> and/or <u>the w Registered O</u>	ance aud	
	WINSTON WEILHEIMER		
	NEW Registered Office Address:	·	
	206 S SPRING GARDEN AVE		بربا ح
	DELAND . FL ³	2720	
he chai igent w vas/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of th ill be identical. Or, in the case of a Florida limited liabi re authorized by an affirmative vote of the members of t cles of organization or the operating agreement of the lin	ie regist ility cou the limi mited li	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company.
	no france	_Υ	Michael Hoskins Printed or typed name of signee
	ure of a member or authorized representative of a member		
l hereb rovisie ke obli	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe- vations of my position as registered agent as provided t	e to act erforma	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and acception of the second s

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Minto Weitheuner Signature of Registered Agent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25,00