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COVER LETTER

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TO: Registration Section Division of Corporations

KVR Ventures LLC

SUBJECT:

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:

Perry Seamonds

Name of Person

KVR Ventures LLC

Firm/Company

9117 Links Drive

Address

Fort Myers, FL 33913

City/State and Zip Code

pseamonds@aol.com

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

For further information concerning this matter, please call:

Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		
Enclosed is a check for the following an	nount:		

\$25 Filing Fee

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 Fl

Florida				-		
I. Na	me of the limited liability company: KVR Vent	tures	<u>s LLC</u>			
2. (a)	9117 Links Drive	(1	,) 9117 Li	nks Drive		
£, (¤) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (1		failing address of limit (<u>Note: MAY BE PO</u>	•	
	Fort Myers	Fort Myers Florida 33913				
	Florida 33913					
	April 18th 2018		L18000	0095983		
3.	Date of filing/registration in Florida	4.		Document number	r	
5. (a)	Corporate Creations International Inc.					
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of State	:		
	11380 Prosperity Farms Road					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	5)			
	#221E					
	Palm Beach Gardens, FL	3341	0			 3
(b)	Registered Agents Inc				i NU	۲ -
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	•	포	
	7901 4th St N			-		D
	NEW Registered Office Address:				£-1 £-1	
	STE 300					
	St. Petersburg	3370	2			
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the reg ibility c f the lir	istered office ompany, it is nited liability liability com	and the business of the hereby confirmed to company or as of the hereby.	office of the d that the ch therwise pro	e registered ange(s) ovided in
	ture of a member or authorized representative of a member		PE	RRY SEAN Printed or typed nam	MONDS	s
Signa	ture of a member or authorized representative of a member			Printed or typed name	e 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 to writing of this change. overts

David Roberts - Assistant Secretary

Signature of Registered Agent

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