## L18000123707

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SECRETARY OF STATE

O SINAMONS
JUL 1 1 2018

## COVER LETTER

TO: Registration Section Division of Corporations	
Kfeed Marketing LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Kyle Freedman	
Name of Person	
Firm/Company	
382 NE 19th Street #31084	
Address	
Miami, Florida 33179	
City/State and Zip Code	
clearriverassociates@gmail.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all.
	01 741-4784
Name of Person	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

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.

3	Kfreed Marketing LLC	.1	Kfreed Marketing LLC
2. (a)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3091 Driftwood Lane		382 NE 191st Street #31084
	Bellmore, New York 11710		Miami, FL 33179
	05/17/2018		L18000123707
3.	Date of filing/registration in Florida	<del></del> 4.	Document number
5. (a)	Timothy Hartmann		
. (u)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State;
	Registered Office Address (MUST BE FLORIDA STREE) 540 West Ave #613	TADDRESS.	
	Miami Beach	33139	
(b)	Kyle Freedman	15	SSEE, F
• •	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	FILED W 9: 54 SECRETAIN OF STATE VALLANASSEE, FLORIDA
	NEW Registered Office Address:		
	382 NE 19th Street #31084		
	Miami F	33179	
the cha agent was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members ales of organization or the operating agreement of the	of the regis liability co s of the lim	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
7			Freedman
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple, igations of my position as registered agent as provid ely reflect a change in the registered office address, Ifm yriting of this change.	gree to act le performa led for in C I hereby co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been

Signature of Registered Agent