Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

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LLC REGISTERED AGENT CHANGE G&PK COLLECTIBLES, LLC

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Estimated Charge	\$25.00

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A. LUNT

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

subm	uant to the provisions of sections 605.0114 or its the following statement in order to char	r 605.0116, Florida Stat nge its registered office	utes, the undersigned limited liability co or registered agent, or both, in the S	mpany tate of		
<i>Flori</i> 1. N	da. ame of the Limited Liability Company:	K COLLECTIBLES	, LLC			
2 (2	7240 W 98TH TERRACE	(ы 72	40 W 98TH TERRACE			
2. (a	Principal office address of limited liability of (Note: MUST BE STREET ADDRES	этрапу:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	OVERLAND PARK, KS 66212	Ov	OVERLAND PARK, KS 66212			
	06/25/2018	<u>L18</u>	000155109			
3.	Date of filing/registration in Florid	da 4.	Document number			
5 (nRAI SERVICES, INC.					
٥. (د	Registered Agent and Registered Office shown on th	e recards of the Florida Dept.	of State:			
	1200 SOUTH PINE ISLAND ROA	D				
	Registered Office Address (MUST BE PLORID		SIVIC			
			216			
	PLANTATION	, FL_ 33324		ION OF CORPORATION		
(b)) Capitol Corporate Services, Inc.		0.88			
	Enter name of NEW Registered Agent and/or NEY		5 OK A			
	515 East Park Avenue 2nd Fl			- E		
	NEW Registered Office Address:			-		
	Tallahassee	FL 32301				
the c agen was/	e limited liability company is not organized un hange or changes are made, the Florida street t will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the rticles of organization or the operating agreen	address of the registered a limited liability compa members of the limited ment of the limited liabil	ny, it is hereby confirmed that the chang liability company or as otherwise providity company.	c(s)		
	lh-	Court	ney M. Conrad Printed or typed name of signee			
Sig I he prov the o to me notif	nature of a member or authorized representative of a me reby accept the appointment as registered ago isions of all statutes relative to the proper and abligations of my position as registered agent werely reflect a change in the registered office fied in writing of this change.			ith the laccept ig filed heen		
	Bin Prelieti ature of Registered Agent	<u>Bria</u> n Radecki, As	ssistant Secretary on			
Sign	ature of Registered Agent	behalf of Capitol	Corporate Services, Inc.			
	Division of Cornoration	nse P.O. Box 6327e Ta	allahassee, FL 32314			

INHS18 (2/14)

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