L18000 / 70 309

(Requestor's Name)	
(Address)	
(Address)	
(10000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
_	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
·	

Office Use Only



000332483370

07/30/18--01021--015 **25.00

2019 JUL 30 AM 10: 3:

WE O C TOLS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KAA Construction and Consulting Services LCC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Kethryn R Thompson Name of Person
K+A Construction and Consulting Services UC Firm/Company
1025 Bay road Aco
MOUNT Dora FL 32757 City/State and Zip Code
Kthompsono KA Con Struction Conet E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hathryn Thompson at (352) (602 4385 Name of Person Area Code & Daytime Telephone Numb
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:
S25 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 Florida.

1. Name of the limited liability company: KYA Cons	struction and Consulting Services acc
2. (a) 1025 Bay road Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Some Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Mount Oora FL 32757	
7/16/18	<u>L18000170309</u>
 Date of filing/registration in Florida (a) Bill WTUCKET Registered Agent and Registered Office shown on the records of it 	4. Document number he Florida Dept. of State:
Registered Office Address <u>(MUST BE FLORIDA STREET.)</u> 1621 BANNING BEACH RD TAVARES, FL 32778	ALL:
(b) Dennis Alan Thompson Jr Enter name of NEW Registered Agent and/or NEW Registered 1025 Bay road Mount NEW Registered Office Address:	Office address:
NEW Registered Office Address:	
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) father limited liability company or as otherwise provided in
Signature of a trember or authorized representative of a member	- Rathryn Thompson Printed or typed hame of signee
I herebylaccept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to the reflection of the provided to the reflection of this thange in the registered office address. I had find in writing of this thange.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
Signature of Registered Agent	