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(Re	equestor's Name)	
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COVER LETTER

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ŢO:	Registration Section Division of Corporations			
SUBJI	Kelor Designs LLC			
	Name	e of Limited L	iability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning this	s matter to the	following:	
Kelly	L. Orth			
	Name of Person			
Kelor	Designs LLC			
	Firm/Company			
2165	Crooked Oak Trail			
	Address			
Delan	nd, FL 32720			
	City/State and Zip Code			
kelord	designs@gmail.com			
E	-mail address: (to be used for future annu	ial report notif	īcation)	
For fur	ther information concerning this matter, p	please call:		
Kelly I	L. Orth	808	208-2029	
	Name of Person	(Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		AILING ADDRESS:	
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	l'a	llahassee, Florida 32314	
	Enclosed is a check for the following a	amount:		
	☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy	
INHS18	3 (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.

1. Na	ame of the limited liability company: Kelor Designs	s LLC					
2. (a)	Kelor Designs LLC		Kelor D	Designs, LLC			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ''	") 	Mailing address of limit			
	2165 Crooked Oak Trail		2165 Cı	rooked Oak Trail	l		
	Deland, FL 32720		Deland,	, FL 32720			
	07/16/2018		L180001	70423			
3.	Date of filing/registration in Florida	4.		Document number	r		
5. (a)	LEGALCORP SOLUTIONS, LLC		•				
	Registered Agent and Registered Office shown on the records of LEGALCORP SOLUTIONS, LLC	the Florida	a Dept. of Sta	A	SECKLIA VI VIOSES	2019 JUL 30	T
				3	ANASSEE		
	3440 W HOLLYWOOD	33021		ـــ ـــــــــــــــــــــــــــــــــ	Λ <u>ς</u> Τ.,	AH I	
(b)	Kelly L. Orth			r r		AH 10: 27	
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	 -	141	_	
	Kelly L. Orth						
	NEW Registered Office Address:	<u>. </u>		_			
	2165 Crooked Oak Trail						
	Deland	32720		_			
the cha agent v was/we the arti Signar I herei provisi the oble to mere notified	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lay layer of a member or authorized representative of a member on a member of all statutes relative to the proper and complete in its proper and complete in the registered agent as provided by reflect a change in the registered office address. If it is writing of this change.	the regis ability co of the lim limited l	stered offic ompany, it i nited liabilit liability cor Kelly	te and the business of is hereby confirmed ty company or as other mpany. L. Or + h Printed or typed name pacity. I further agr.	office of that the herwise of signer	of the ne cha e prov	registered nge(s) vided in