

L18000198286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

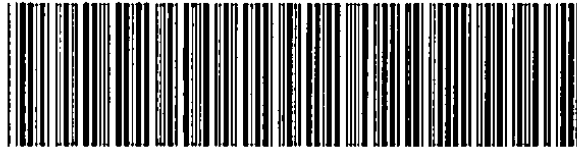
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

10 10/2/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLP Somerset LLC

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:

Stephen M Bunch

Name of Person

Spoor Bunch Franz

Firm/Company

877 Executive Drive W Suite 100

Address

St. Petersburg, Florida 33702

City/State and Zip Code

SBunch@sbfeqa.com

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

For further information concerning this matter, please call:

Kevin Phillips

at (917) 439-4730

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.*

Name of the limited liability company: KLP Somerset LLC

(a) 102 Tanglewylde Ave

Principal office address of limited liability company:

*(Note: **MUST BE STREET ADDRESS**)*

Bronxville, NY 10708

(b) 102 Tanglewylde

Mailing address of limited liability company:

*(Note: **MAY BE POST OFFICE BOX**)*

Bronxville, NY 10708

4/29/19 (original filing date)

Date of filing/registration in Florida

4.

L18000198286

Document number

(a) NRAI SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Plantation

33324

FL

(b) Spoor Bunch Franz

Enter name of NEW Registered Agent and/or NEW Registered Office address:

877 Executive Center Drive W Suite 100

NEW Registered Office Address:

St. Petersburg

33702

FL

*If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
change or changes are made, the Florida street address of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.*

Signature of a member or authorized representative of a member

Kevin W Phillips

Printed or typed name of signer

*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 in writing of this change.*

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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