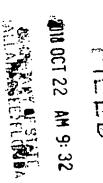
L18000237539

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000319784060



T. CLINE
OCT 23 2008
EXAMINER

18 OCT 22 PH 2: 02

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 453008 7 8187125

 Λ

COST LIMIT : \$ 25.00

ORDER DATE: October 19, 2018

ORDER TIME : 12:59 PM

ORDER NO. : 453008-005

CUSTOMER NO: 8187125

AUTHORIZATION :

CHANGE OF AGENT

NAME: KING PLAST, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

COVER LETTER

-	sistration Section rision of Corporations					
SUBJECT:	KING PLAST, LLC					
0000000		of Limited L	iability Company			
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Office	: Change and	I fee(s) are submitted for filing.			
Please retur	n all correspondence concerning this	matter to the	following:			
Christian D	aulong					
	Name of Person		_ 			
Digital Man	agement Solutions				a na oct 22	<u>.</u> J.
	Firm/Company					
350 Lincolr	n Rd. Suite 4019			E FLO	AM 9: 32	
	Address				: 32	
Miami Bea	ch, FL 33139					
	City/State and Zip Code					
cdaulong@	southernmanagementsolutions.com					
E-mai	l address: (to be used for future annua	il report noti	fication)			
For further	information concerning this matter, p	lease call:				
Christian D	aulong	305 at (766 8376)			
	Name of Person		Area Code & Daytime Telephone N	umber		
Rej Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle llahassee, Florida 32301	R D P.	egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314			
En	closed is a check for the following a	mount:				
Ø	\$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.

1. Na	me of the limited liability company: KING PLAST, L	LÇ	-				
2. (a)	2600 NW 112TH AVE	(b)	2600 N	W 112TH AVE			
- (u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		}	Mailing address of lim (<u>Note: MAY BE PO</u>			
	Doral, FL 33172	_	Doral, FL	_ 33172			
	15 October, 2018		L1800023	37339			
3.	Date of filing/registration in Florida	4.		Document number	er		
5. (a)	Corporation Service Company						
(-)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State	e:			
	Registered Office Address [MUST BE FLORIDA STREET]	(DDRESS)		_	'n,	حتد	
	1201 Hays Street			_		를	
	Tallahassee, FL	32301	 	_		DIN OCT 2	11
(b)	Southern Management Solutions, LLC			_	EY OF ST	22 A	11
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		F ()	AM 9:	
	350 Lincoln Rd, Suite 4019					3 : 32	
	NEW Registered Office Address:		,	_	,,		
				_			
	Miami Beach , FL	33139		_			
the cha agent v was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability co of the lim	tered offic mpany, it ited liabili	te and the business is hereby confirme ty company or as	s office o ed that th	or the re se chan	egisterea ge(s)
	Might: Limble sture of a member or authorized representative of a member	Chri	stian Daul	ong Printed or typed na	ma of cian		
I here provis the ob- to mer notifie	where of a member or authorized representative of a member of a member of accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change. MGMI Liwing according to the company of the company o	ree to act performed d for in C hereby co BY:	in this cap ince of my hapter 60 infirm thai	naziw I farihar a	aree to c	annh	with the ad accep ing filed s heen