## 116000240699

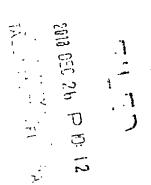
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December 19, 2018

KAREN SINNREICH 16314 VILLARREAL DE AVILA TAMPA, FL 33613

SUBJECT: KMA SPECIALISTS, LLC

Ref. Number: L18000240699

We have received your document for KMA SPECIALISTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 018A00026024

www.sunbiz.org

## 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

l. Na	me of the limited liability company: KMA Speciali	sts, LLC	
2. (a)	16314 Villarreal de Avila	(b) 16314 Villarreal de Avila	
. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33613	Tai	mpa, FL 33613
	10/11/2018	 L18ī	000240699
3.	Date of filing/registration in Florida	4.	Document number
	Karen J. Sinnreich		
i. (a)	Registered Agent and Registered Office shown on the records of	he Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	4714 N. Clark Ave.		
	Tampa	33614	- ,
(b)	Karen J. Sinnreich		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	·
	Karen J. Sinnreich		
	NEW Registered Office Address:		···
	16314 Villarreal de Avila		
	Tampa,	33613	
	, FL		
he cha igent w vas/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered bility compar f the limited l limited liabili	I office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signat	ture of Amember or authorized representative of a member	Naiena	Printed or typed name of signee
I herel proviși he obli o mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I have been address.	ee to act in th performance I for in Chapt ereby confirt	is capacity. I further agree to comply with the

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 F1LING FEE: \$25.00