## L18000 266 151

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DEC 0 6 2018
S. YOUNG

## **COVER LETTER**

·				
TO: Registration Section Division of Corporations				
SUBJECT: Polerties LC   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:				
James Rates Name of Person				
RKD Properties L(C) Firm/Company				
40 M 76 A A 2 202	·			
City/State and Zip Code	-			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Janes R. Gates at (954) 529 9126  Name of Person Area Code & Daytime Telephone Number				
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:				
\$25 Filing Fee \$\times \text{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.

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1. Nai	me of the limited liability company: KKU Hofferfies LCC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  (Note: MAY BE POST OFFICE BOX)
	,
	November 29, 2018 L 18000 266 157
3.	Date of filing/registration in Florida 4. Document number
5. (a)	United States Corporation Agents, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	13302 Winding Oak Court A
	Registered Office Address (MUST BEFLORIDA STREET ADDRESS)
	Tampa, Florida 33612
	,FL
(b)	James K. Gates
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	40 NW 76h Ave # 202
	NEW Registered Office Address:
	Mantation, FL 33324
the cha agent w was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization of the operating agreement of the limited liability company.  And Printed or typed name of signee
provisil the hill to mede natified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the lons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed livereflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.  The of Registered Agent
. /	Division of Cornerations P.O. Boy 63276 Tallahassee, FL 32314

**FILING FEE: \$25.00**