## 118000 279922

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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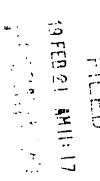
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: KMC Marketing & Communication	ns, LLC				
	imited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matt	er to the following:				
Krista Cartee					
Name of Person	<del></del>				
KMC Marketing & Communications					
Firm/Company	<del></del>				
12573 Astor PL					
Address					
Fort Myers, FL 33913					
City/State and Zip Code					
kristacartee@gmail.com	ý.				
E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please	call:				
Krista Cartee	239 410-6518				
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 amour	nt:				
S25 Filing Fee	S55 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. N	ame of the limited liability company: KMC Marketi	ing & C	Con	nmunica	ations LI	_C			
2. (a)	12573 Astor PL, Fort Myers, FL 33913		(b)	12573 /	Astor PL	, Fort M	yers, FL	3391	3
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0) .			Iress of limit			y:
	12573 Astor PL			12573 A	stor PL				
	Fort Myers, FL 33913		F	ort My	ers, FL	33913		. <u>-</u>	
	12/5/2018		Ľ	180002	79922				
3.	Date of filing/registration in Florida	<b>-</b> 4.			Docume	nt number	<del></del>		
5. (a)	United States Corporation Agents, Inc.								
· ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	Registered Agent and Registered Office shown on the records of	the Flori	da D	ept. of Stat	<del>-</del> e:				
	United States Corporation Agents, Inc.								
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>SS)</u>		-				
	13302 Winding Oak Court								
	Tampa , FL	33612	2		-		' و معا		
(b)	Krista Cartee				_			9 FEB	- <del>-</del> -
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddre	55:	-		· .*• •	130	
	KMC Marketing & Communications LLC						• • •		FO
	NEW Registered Office Address:		-		-		<u>:</u> .		
	12573 Astor PL				_		<i>.</i>	<del>.</del> =	1
	Fort Myers	33913	3						
Signa  I here provisi the obt to mere notified	imited 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 like the authorized by an affirmative vote of the members of icles of organization or the operating agreement of the turn of a member or authorized representative of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I id in writing of this change.	the reg ability c of the lin limited Kri	gister comp mite l liab ista	red office pany, it is d liability con Cartee	e and the less hereby company company.  Printed or	business o confirmed y or as oth	office of the that the concrete position	ne regi hange( rovideo	stered s) l in

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: \$25.00