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| (Re                     | equestor's Name)                       |      |  |  |  |  |
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| (Cit                    | ty/State/Zip/Phone                     | e #) |  |  |  |  |
| PICK-UP                 | ☐ WAIT                                 | MAIL |  |  |  |  |
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| (Bu                     | isiness Entity Nan                     | ne)  |  |  |  |  |
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| (Do                     | cument Number)                         |      |  |  |  |  |
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| Special Instructions to | Filing Officer:                        |      |  |  |  |  |
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## **COVER LETTER**

|           | D: Registration Section Division of Corporations           |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|
|           |  |  |  |  |  |  |  |
| SUBJEC    |  |  |  |  |  |  |  |
|           | Nam  | e of Limited Liability Company                           |  |  |  |  |  |
| Dear Sir  | or Madam:  |  |  |  |  |  |  |
| The encl  | osed Registered Agent/Registered Offi                      | ce Change and fee(s) are submitted for filing.           |  |  |  |  |  |
| Please re | cturn all correspondence concerning thi                    | s matter to the following:                               |  |  |  |  |  |
|           |  |  |  |  |  |  |  |
| Phi       | lip F. Bonus, Esq.   |  |  |  |  |  |  |
|           | Name of Person   |  |  |  |  |  |  |
| Bor       | nus Law Firm   |  |  |  |  |  |  |
|           | Firm/Company   | <del></del>  |  |  |  |  |  |
| 111       | .5 E, Concord Street                                       |  |  |  |  |  |  |
|           | Address  |  |  |  |  |  |  |
|           |  |  |  |  |  |  |  |
| Orl       | Lando, Florida 32803                                       |  |  |  |  |  |  |
|           | City/State and Zip Code                                    |  |  |  |  |  |  |
| pfb       | o@bonuslaw.com   |  |  |  |  |  |  |
| E-r       | mail address; (to be used for future annu                  | ial report notification)                                 |  |  |  |  |  |
| For furth | ner information concerning this matter,                    | please call:   |  |  |  |  |  |
| Di. :     | Lin P. Panna   | /07 025 0011   |  |  |  |  |  |
|           | .1ip F. Bonus  Name of Person                              | at ( 407 ) 835-8811 Area Code & Daytime Telephone Number |  |  |  |  |  |
|           | Name of Person   | Area Code & Daytime Telephone Number                     |  |  |  |  |  |
|           | STREET/COURIER ADDRESS:                                    | MAILING ADDRESS:   |  |  |  |  |  |
|           | Registration Section                                       | Registration Section                                     |  |  |  |  |  |
|           | Division of Corporations                                   | Division of Corporations                                 |  |  |  |  |  |
|           | Clifton Building   | P.O. Box 6327  |  |  |  |  |  |
|           | 2661 Executive Center Circle<br>Fallahassee, Florida 32301 | Tallahassee, Florida 32314                               |  |  |  |  |  |
| ı         | Enclosed is a check for the following :                    | amount:  |  |  |  |  |  |
| Ę         | S25 Filing Fee   | S55 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.

| 1. N                          | ame of the limited liability company: KPO McFal  | l Avenu  | e Rent   | als, L  | .LC  | <del>, , , , , , , , , , , , , , , , , , , </del>               |
|-------------------------------|--|--|--|---|--|---|
| 2. (a)                        | 633 East Ridgewood Street  | (b) _  | 633 E  | East Ri   | dgewood St   | reet  |
| ` ,                           | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | _  | N  | -   | ess of limited liabilit<br>AY BE POST OFFI                                   |   |
|                               | Orlando, Florida 32803   |  | Orlan  | ndo, Fl   | orida 3280   | 3   |
|                               |  |  |  |   |  |   |
|                               | February 15, 2019  |  | L19000   | 0045972   |  |   |
| 3.                            | Date of filing/registration in Florida   | 4.   |  | Document  | t number   |   |
| 5. (a)                        | Mary Owens   |  |  |   |  |   |
|                               | Registered Agent and Registered Office shown on the records of the   | he Florida D   | ept. of State  | :   |  |   |
|                               | 633 East Ridgewood Street  |  |  |   |  |   |
|                               | Registered Office Address (MUST BE FLORIDA STREET A  | (DDRESS)   |  |   |  |   |
|                               |  |  |  |   | Aug S  | <u>.</u>  |
|                               | Orlando FL   | 32803  | <u> </u>   |   | SEORI DA   | ₹<br>7 <b>7</b> 1   |
| (b)                           | Paul David Owens, Jr.  |  |  |   | CREENAT G. STA   | FILED   |
| ` ,                           | Enter name of NEW Registered Agent and/or NEW Registered   | Office addre   | <u>88</u> :  |   | <u> </u>   | 111   |
|                               | 816 Point Pleasant Place   |  |  |   | PM 1: 10   |   |
|                               | NEW Registered Office Address:   |  |  |   | <u> </u>   | ,   |
|                               | ·  |  |  |   |  |   |
|                               | Altamonte Springs, FL_   | 32701  |  |   |  |   |
| the cha<br>agent v<br>was/we  | imited liability company is not organized under the lawinge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l | the registe<br>bility com<br>f the limite              | red office<br>pany, it is<br>d liability             | and the bu<br>hereby co<br>company                      | usiness office of<br>onfirmed that the                                       | the registered change(s)  |
|                               | La Santa   | Paul   | David  | d Owens   | s, Jr.   |   |
| Signa                         | ture of a member or authorized representative of a member  | <del> </del>   |  | Printed or ty   | yped name of signee  |   |
| provisi<br>the obl<br>to merc | by accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I h<br>I in writing of this change.                  | ee to act in<br>performand<br>for in Che<br>ereby conf | this capa<br>se of my d<br>upter 605,<br>irm that ti | city. I furi<br>luties, and<br>F.S. Or, i<br>he limited | ther agree to co.<br>I am familiar w<br>if this document<br>liability compar | mply with the<br>ith and accep<br>is being filed<br>iy has been |
| Stenatu                       | re of Registered Agent   |  |  |   |  |   |