

L190000 49040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

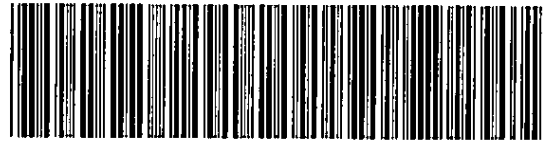
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 FEB 16 AM 8:08

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cc  
RA/RD/chg

FEB 18 2022

ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KPT Enterprises, LLC  
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:

Robert S. Evans or Karen Evans  
Name of Person

KPT Enterprises, LLC  
Firm/Company

549 96<sup>th</sup> Avenue, N.  
Address

Naples, FL 34108  
City/State and Zip Code

r.stephenevans@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert S. Evans at (239) 290-2459  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

# ☒ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

#0144 already rec'd \$35.00  
#0148 - Included \$20.00 Balance  
for a certified copy!



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB 16 PM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FL

February 2, 2022

ROBERT S. EVANS  
549 96TH AVE N  
NAPLES, FL 34108

SUBJECT: KPT ENTERPRISES, LLC  
Ref. Number: L19000049040

We have received your document for KPT ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 622A00002663

**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. Name of the limited liability company: KPT Enterprises, LLC
2. (a) 549 96<sup>th</sup> Avenue, N.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Naples, Florida  
34108
- (b) 549 96<sup>th</sup> Avenue, N.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Naples, Florida  
34108
3. 2/22/2019  
Date of filing/registration in Florida
4. L19000049040  
Document number
5. (a) John Paulich, III  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3838 Tamiami Trail, N., Ste #410  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
Naples, FL 34103
- (b) Karen Evans  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
549 96<sup>th</sup> Avenue, N.  
NEW Registered Office Address:  
Naples, FL 34108

**FILED**  
2022 FEB 16 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Karen Evans  
Signature of a member or authorized representative of a member

Karen Evans  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Karen Evans  
Signature of Registered Agent