

L190000 49040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

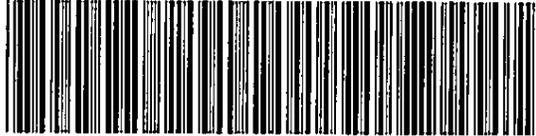
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

cc
RA/RD/CHS

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 96th 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

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 96th Avenue, N. (b) 549 96th Avenue, N.
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Naples, Florida Naples, Florida
34108 34108

3. 2/22/2019 4. L19000049040
 Date of filing/registration in Florida 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 (MUST BE FLORIDA STREET ADDRESS)
Naples, FL 34103

(b) Karen Evans
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

549 96th 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.

[Signature] 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.

[Signature]
 Signature of Registered Agent