



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000291916 3)))



H190002919163ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
NEW POS KARMA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2019 OCT -1 PM 12:16

2019 OCT -1 PM 4:11

RECEIVED
FEB 11 2020

**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: New Pos Karma LLC

2. (a) 23 GOLFVIEW DR (b) 23 GOLFVIEW DR

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

OCALA, FL 34472

OCALA, FL 34472

02/25/2019

L19000054572

3. Date of filing/registration in Florida

4. Document number

5. (a) COURSON, RONALD

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

23 GOLF VIEW DR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

OCALA, FL 34472

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address.

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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.

Riley Park
Signature of a member or authorized representative of a member

Riley Park
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.

Bill Havre Bill Havre - Assistant Secretary
Signature of Registered Agent

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