· K19000054787

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

TO: Registration Section Division of Corporations	20 37	
SUBJECT: TK Kitchen Design FLC Name of Lim	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	•	
Taria Nazario Name of Person		
TK Kitchen Design LL C		
Firm/Company		
1402 LB McLeod Road Suite 007 Address		
Orlando, Florida 32811 City/State and Zip Code	<u> </u>	
taria@tk-kitchendesign.com E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, please ca	all:	
Taria Nazario at (305) 767-0901	
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	

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.

2. (a)			
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1402 LB McLeod Road Suite 007		1402 LB McLeod Suite 007
	Orlando, Fl. 32811		Orlando, FL 32811
	2/25/2019		L19000054787
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.	_	
. (,	Registered Agent and Registered Office shown on the record	Is of the Florida [Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	
	13302 WINDING OAK COURT A		20
	TAMPA	FI 33612	
		, 1 L	
: (b)	TARIA NAZARIO		
()	Enter name of NEW Registered Agent and/or NEW Regist	tered Office add	ress:
	TARIA NAZARIO		<u> </u>
	NEW Registered Office Address:		
	1402 LB McLeod Road Suite 007		
	Orlando	FL_32811	
10 1 1	imited liability company is not organized under the	e laws of the S	State of Florida, it is hereby confirmed that after the
change agent v was/we the arti Signal I herei provisi the oblito mere notified	or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limite cre authorized by an affirmative vote of the member cles of organization or the operating agreement of ture of a member or authorized representative of a member by accept the appointment as registered agent and ones of all standes relative to the proper and compigations of my position as registered agent as proverly reflect a change in the registered office address. I in writing of this change.	ed liability coners of the limi the limited lia	npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. Taria Nazario Printed or typed name of signce in this capacity. I further agree to comply with the

FILING FEE: \$25.00