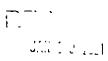
## L19000058950

(Re	questor's Name)	<del>- · · · </del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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	Office Use On	ily



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RIPUN



## 2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

## REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: January 13, 2021

AE:

Cori Ann Crosthwaite

TO:

Florida Department of State

108090 REFERENCE:

1538060

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

KMG STRATEGIES LLC

**Change of Registered Agent** 

IN: FL

SPECIAL INSTRUCTIONS:

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

## TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

rrsuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company bmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	2121 N BAYSHORE DR #1409		2121 N BAYSHORE DR #140
_	MIAMI, FL 33137		MIAMI, FL 33137
	02/28/2019		L19000058950
	Date of filing/registration in Florida	4.	Document number
)	AGENT RESIGNED 10.23.2020		
	egistered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:
– R	egistered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	<del></del>
		_	
_		<del>, ,</del>	
-	FL	·	<del></del>
<u></u>	nter name of NEW Registered Agent and/or NEW Registered	 LOffice address:	
1.1	the hame of Mr. W Registered Agent and of Mr. Registered	Control days	
R	Rocket Lawyet Corporate Services LLC		=
<u> </u>	EW Registered Office Address:	•	2: 07
ŀ	55 Office Plaza Drive, 1st Floor		<u></u>
7	^allahassee	32301	
_	FI.		
ge or wil vere	ited liability company is not organized under the law r changes are made, the Florida street address of the l be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of es of organization or the operating agreement of the	registered offi ability company of the limited li- limited liabilit	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
<u>/</u>	e of a member of authorized representative of a member	Kristiai	Printed or typed name of signee
chy sion bliga rely	accept the appointment as registered agent and agrees of all statutes relative to the proper and complete ations of my position as registered agent as provide reflect a change in the registered office address, I is now in writing of this change.	vee to act in thi. performance o d for in Chapte herchy confirm	s canacity. I further agree to comply with the

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