11900000 71226

| (Requestor's Name) | | | | |
|-----------------------------------------|--------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|--------|------------------------------------------------------------|---------------------------------------|--------------------------------------|--|--|
| SUBJ | KaDe Beach, LLC | | | | |
| | Name of Limited Liability Company | | | | |
| Dear S | iir or Madam: | | | | |
| The er | closed Registered Agent/Registered Off | ice Change and t | Cee(s) are submitted for filing. | | |
| Please | return all correspondence concerning th | is matter to the f | ollowing: | | |
| Stepl | nanie White | | | | |
| | Name of Person | | | | |
| K. Ra | y Pinkstaff, P.C. | | | | |
| | Firm/Company | | _ | | |
| 8858 | Cedar Springs Lane, STE 5000 | | | | |
| | Address | · · · · · · · · · · · · · · · · · · · | _ | | |
| Knox | ville, TN 37923 | | | | |
| _ | City/State and Zip Code | | _ | | |
| depp | erly@allstatetrailers.com | | | | |
| H | -mail address: (to be used for future ann | ual report notific | eation) | | |
| For fu | ther information concerning this matter. | please call: | | | |
| Steph | nanie White | 865 | 690-7430 | | |
| | Name of Person | ··· \ <u></u> | Area Code & Daytime Telephone Number | | |
| | STREET/COURIER ADDRESS: | MA | ILING ADDRESS: | | |
| | Registration Section | _ | istration Section | | |
| | Division of Corporations | | sion of Corporations | | |
| | Clifton Building | | . Box 6327 | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | Lati | ahassee, Florida 32314 | | |
| | 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.

| 1. N | lame of the limited liability company: KaDe Beach | , LLC | |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) | | | |
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | () - | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 10 Papaya Street, #1105 | F | P.O. Box 23316 |
| | Clearwater Beach, FL 33767 | - - | (noxville, TN 37933 |
| | March 13, 2019 | L' | 19000071226 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a |) | | |
| | Registered Agent and Registered Office shown on the records of | the Florida D | ept. of State: |
| | Kathleen Q Epperly | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| | 10 Papaya Street, #1105 | | |
| | Clearwater Beach | 33767 | |
| | | | 2019 aPR |
| (b) | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | i Office addre | <u>ss</u> : |
| | Philip J. Bryce | | 9 PR - 8 PH 11: 04 |
| | NEW Registered Office Address: | | —— ;; |
| | 10 Papaya Street, #1105 | | |
| | Clearwater Beach FI | 33767 | |
| agent was/w the art | limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles at organization or the operating agreement of the | the registe ability com of the limite limited liab | pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company. J. Bryce |
| | ature of a member or authorized representative of a member | | Printed or typed name of signee |
| provis the ob to m e r | eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide all reflect a change in the registered office address, I in writing of this change. | ree to act in performant of for in Cha hereby conf | this capacity. I further agree to comply with the ce of my duties, and I am Jamiliar with and accept upter 605, F.S. Or. if this document is being filed irm that the limited liability company has been |
| Signati | are of Registered Agent | | |