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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

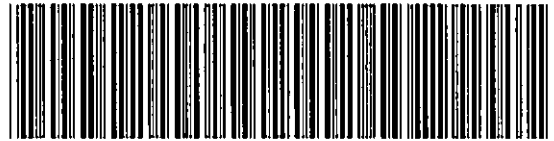
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP 21 PM 2:47
CLERK OF STATE
TALLAHASSEE, FL

JG 10/23/20

K. RAY PINKSTAFF, P.C.

ATTORNEYS AT LAW

FIVE HANNA PLACE OFFICE PARK, SUITE 6060

PO BOX 31408

KNOXVILLE, TENNESSEE 37930-1408

FACSIMILE (865) 690-7806

K. RAY PINKSTAFF

WRITER'S DIRECT DIAL

(865) 690-7430

September 18, 2020

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: KaDe Beach, LLC

Dear Sir:

Enclosed, please find the Change of Registered Agent form for the above-referenced limited liability company.

Please accept this for filing and return the approved documents to me at your earliest convenience in the enclosed envelope. Also enclosed is a check in the amount of \$25 for the filing fee.

Feel free to contact me if you have any questions. Thank you for your assistance in this matter.

Sincerely yours,



K. Ray Pinkstaff

KRP/stw
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KaDe Beach, 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:

Stephanie White

Name of Person

K. Ray Pinkstaff, P.C.

Firm/Company

P.O. Box 31408

Address

Knoxville, TN 37930

City/State and Zip Code

depperly@allstatetrailers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie White

865

690-7430

at ()

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.

1. Name of the limited liability company: KaDe Beach, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

10 Papaya Street, #1105

P.O. Box 23316

Clearwater Beach, FL 33767

Knoxville, TN 37933

March 13, 2019

L19000071226

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Philip J. Bryce

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10 Papaya Street, #1105

Clearwater Beach, FL 33767

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2020 SEP 21 PM 2:48
TALLAHASSEE, FL

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Kathleen Q. Epperly

NEW Registered Office Address:

10 Papaya Street, #1105

Clearwater Beach, FL 33767

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.

Donald Epperly, Trustee
Signature of a member or authorized representative of a member

Donald Epperly, Trustee

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00