

L19 000 129660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

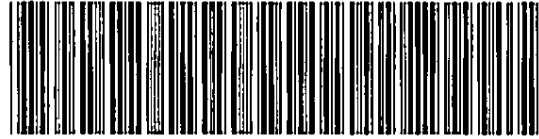
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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O SIMMONS

JUN 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K & S ENTERPRISES OF FLORIDA 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:

SIMON B HOWELL

Name of Person

HOWELL INTERNATIONAL TAX

Firm/Company

8701 WIRLO BRONSON MEMORIAL HWY, SUITE 100

Address

KISSIMMEE, FL 34747

City/State and Zip Code

EMMA.HOWELL@HOWELLINTERNATIONALTAX.COM

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

For further information concerning this matter, please call:

SIMON B. HOWELL

407

245-7600

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

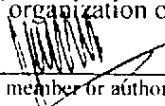
☐ \$55 Filing Fee & Certified Copy

**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: K & S ENTERPRISES OF FLORIDA LLC
2. (a) 369 CASA VERANO LANE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
DAVENPORT
FL 33897
- (b) 369 CASA VERANO LANE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
DAVENPORT
FL 33897
3. 05/13/2019
Date of filing/registration in Florida
4. L19000129660
Document number
5. (a) MORAN KIDD LYONS JOHNSON GARCIA P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
C/O KENNETH S. GLUCKMAN
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
111 N. ORANGE AVENUE, SUITE 900
ORLANDO FL 32801
- (b) SIMON B. HOWELL
Enter name of NEW Registered Agent and/or NEW Registered Office address:
HOWELL INTERNATIONAL TAX
NEW Registered Office Address:
8701 W. IRLO BRONSON MEMORIAL HWY, SUITE 100
KISSIMMEE FL 34747

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.

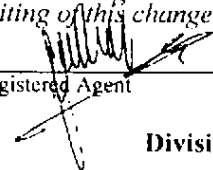


Signature of a member or authorized representative of a member

SIMON B. HOWELL

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 of Registered Agent

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

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