## L19000130715

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## COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	Kutter Group Holdings LLC							
Name of Limited Liability Company								
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the fo	llowing:					
Mark	Kutter							
	Name of Person		-					
Kutte	r Group Holdings LLC							
	Firm/Company		-					
1043	4 Park Commons Dr							
	Address		-					
Orlar	ndo, FL 32832							
	City/State and Zip Code		_					
mark	.kutter@gmail.com							
Ī	E-mail address: (to be used for future ann	ual report notific	ation)					
For fu	rther information concerning this matter.	please call:						
Mark	Kutter	417 at (	293-0670					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	ILING ADDRESS: stration Section sion of Corporations Box 6327 nhassee, Florida 32314						
	Enclosed is a check for the following	amount:						
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

## 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

I. Na	me of the limited liability company: Kutter Group	Holdir	ngs	LLC			
2. (a)	10434 Park Commons Dr	1	(b) 10434 Park Commons Dr				
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Orlando, FL 32832	_	-	Orlando	, FL 32832		
	May 15, 2019	_	L	190001;	30715		
<b>.</b>	Date of filing/registration in Florida	- 4.	_		Document number		
5. (a)	Mark Kutter						
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3844 Eagle Isle Circle				_ e:		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRE.	<u>\$\$)</u>		_	2019 [	;
	Kissimmee, FI.	3474	5		-	က ၂	
	MARK KUTER				_	·:- :: :: :: :: :: :: :: : : : : : : : :	,
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddr	<u>'ess</u> :		16	
	10434 Park Commons Dr						
	NEW Registered Office Address:	<u>.</u>			_		
	Orlando . FL	3283	2		_		
he cha igent v vas/wo	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ability of the li limited	gist con mit Hia	ered offic apany, it i ed liabilit	e and the business offices is hereby confirmed that by company or as other	ce of the it the cha	registerec nge(s)
Signal	fure of a member or authorized representative of a member				Printed or typed name of	signee	,,,
provisi he obl o merc	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect achange in the reflistered office address. I	ree to a perfor d for it hereby	ct i mai cor	n this cap we of my apter 60, yirm that	oacity. I further agree duties, and I am famili 5, F.S. Or, if this docu the limited liability co	to comply iar with a ment is h mpany he	with the nd accepting filea is been

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