L19000181423

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)	_				
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					

Office Use Only



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04/27/21--01021--013 **55.00



COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division o	f Corporations						
SUBJECT:	KHURV	LLC					
	Name of Limited Liability Company						
Dear Sir or Madam	ı:						
The enclosed Regis	stered Agent/Registered O	office Change and	fee(s) are submitted for filing.				
Please return all co	rrespondence concerning	this matter to the f	following:				
M	ARK CARSON						
	Name of Person						
K	HURY LLC						
	Firm/Company						
740 47	Address	3/					
	Address						
ST. PETE	esburg, fl about						
	City/State and Zip Code						
	NEKHURV. COM						
E-mail addre	ss: (to be used for future a	ппиат героп пошт	cation)				
For further informa	ation concerning this matte	er, please call:					
MARK	caesou	at (727	458-1260				
Na	ame of Person		Area Code & Daytime Telephone Number				
Mailing A	Address:		Street Address:				
	on Section		Registration Section				
Division of	of Corporations		Division of Corporations				
P.O. Box	6327		The Centre of Tallahassee				
Tallahass	ee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed i	is a check for the following	ng amount:					
□ \$25 Fili	ng 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.

2. (a)	740 4 TO ST N - 66416 SUITE 131	(b)	ST. PETERSB	URG FL 33701	,
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)			
	07/15/2019	<u>-</u>		00181423	
3.	Date of filing/registration in Florida	4.	Docum	ent number	
5. (a)	UNITED STRIES CORPORDIE AGENTS, INC			79	
• •	Registered Agent and Registered Office shown on the records of the 5575 S. SENORAL BLVD SUITE 3G		pt. of State:		* .
	Registered Office Address (MUST BE FLORIDA STREET ADI	ORESS)			
	, FL_2	3282	2	5: 27 Lúkiba	•
(b)	Enter name of NEW Registered Agent and/or NEW Registered Off	fice addres	<u>»:</u>		
	740 47 ST N NEW Registered Office Address:				
	SUITE 131				
	ST. PETESBURG FL	3 <i>370</i>	2/		
change agent v was/we	mited liability company is not organized under the laws of changes are made, the Florida street address of the regivill be identical. Or, in the case of a Florida limited liabilize authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liabilization.	gistered o ity comp ne limited	ffice and the buany, it is hereby I liability compa	siness office of the regi confirmed that the cha	stered nge(s)
>	Monk Couses ure of a member or authorized representative of a member		MACK CA	VESON or typed name of signee	
Signat	ure of a member or authorized representative of a member		Printed o	or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided fo My reflect a change in the registered office address, I hero I'in writing of this change.	to act in t formance or in Chap why confi	this capacity. Ly e of my duties, a oter 605, F.S. C rm that the limit	further agree to comply nd I am familiar with a Ir, if this document is b ed liability company ha	with the and accept eing filed as been
1	York dasor				

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

Signature of Registered Agent