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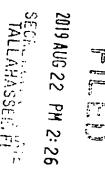
| (Requestor's Name)                      |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
| Certified Copies Certificates 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   |   |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|
| SUBJECT: KPB INDUSTRIES LLC   |   |   |  |  |  |  |  |  |  |
|   | Name of Limited Liability Company   |   |  |  |  |  |  |  |  |
| Dear S  | ir 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:                   |   |   |  |  |  |  |  |  |  |
| KAITI   | LIN TIMM  |   |  |  |  |  |  |  |  |
|   | Name of Person  |   |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |
|   | Firm/Company  |   |  |  |  |  |  |  |  |
| 934 F   | PASEO CASTALLA  |   |  |  |  |  |  |  |  |
|   | Address   |   |  |  |  |  |  |  |  |
| WES.  | T PALM BEACH, FL 33405  |   |  |  |  |  |  |  |  |
|   | City/State and Zip Code   |   |  |  |  |  |  |  |  |
| kaitlin   | itimm@gmail.com   |   |  |  |  |  |  |  |  |
| E   | -mail address: (to be used for future annu  | al report notification)   |  |  |  |  |  |  |  |
| For fur   | ther information concerning this matter, p  | lease call:   |  |  |  |  |  |  |  |
| KAITI   | IN TIMM   | 561 215-9285  |  |  |  |  |  |  |  |
|   | Name of Person  | Area Code & Daytime Telephone Number  |  |  |  |  |  |  |  |
|   | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |  |  |  |  |  |  |
|   | Tallahassee, Florida 32301  |   |  |  |  |  |  |  |  |
|   | Enclosed is a check for the following amount:   |   |  |  |  |  |  |  |  |
|   | ☑ \$25 Filing Fee   | ☐ \$55 Filing Fee & Certified Copy  |  |  |  |  |  |  |  |

INH\$18 (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.

| ١.              | Na  | me of the limited liability company: KPB INDUSTE   | RIES LL  | -C   |   |                                   |  |              |
|-----------------|---|--|--|--|---|-----------------------------------|--|--------------|
|                 | (a)   | 934 PASEO CASTALLA   | (b)  | 934 PA   | ASEO CASTALLA   |                                   |  |              |
| -               | ()  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | _ (0)  |  | Mailing address of limited (Note: MAY BE POST   |                                   |  |              |
|                 |   | WEST PALM BEACH, FL 33405  | _  | WEST   | PALM BEACH, FL  | 33405                             |  | <del>-</del> |
|                 |   | 07/25/2019   | l  | _190001  | 191324  |                                   |  |              |
| 3.              |   | Date of filing/registration in Florida   | 4.   |  | Document number   |                                   |  | <del></del>  |
| 5               | (a)   | SUSAN TIMM   |  |  |   |                                   |  |              |
| ٠.              | (4,   | Registered Agent and Registered Office shown on the records of the   | ne Florida   | Dept. of Sta   | nte:  | Ç,                                | 2(   |              |
|                 |   | 7131 CURTISS AVE STE 4   |  |  |   | ₽Ğ                                | 19   |              |
|                 |   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |  |  | <u> </u>  | ALLAHAS                           | 2019 AUG   | T            |
|                 |   |  |  |  | _   | <u>∓</u>                          | 22   | rana<br>U    |
|                 |   | SARASOTA , FL  | 34231  |  | _   | SSE                               | 79<br>3 <b>K</b>                                 | 1            |
|                 | /h)   | KAITLIN TIMM   |  |  |   | ्राह्य<br>सम्बद्ध                 | Ÿ  |              |
|                 | (b)   | Enter name of NEW Registered Agent and/or NEW Registered C   | Office add   | ress:  | <del>_</del>  |                                   | 26   |              |
|                 |   | 934 PASEO CASTALLA   |  |  |   |                                   |  |              |
|                 |   | NEW Registered Office Address:   |  |  | _   |                                   |  |              |
|                 |   | WEST PALM BEACH, FL  | 33405  |  | _   |                                   |  |              |
| the age was the | e cha<br>ent v<br>s/wo<br>arti<br>ignati<br>ignati<br>ovisi | imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization on the operating agreement of the law of a member of authorized representative of a member by accept the appointment as registered agent and agree one of all statutes relative to the proper and complete rigations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper of the change in the registered of the change in the change in the registered of the change in the c | rs of the S the regist bility cor f the limi imited li  KAI  re to act i | tered office the state of the s | te and the business off is hereby confirmed the ty company or as other mpany.  MM  Printed or typed name of pacity. I further agree that duties, and I am family 15, F.S. Or, if this doctor. | fice of the nat the charmise pro- | registeringe(s) vided i  v with and accepting fi | the          |
| Si              | znatu   | re of Registered agent   |  |  |   |                                   |  |              |