

L19000 295060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

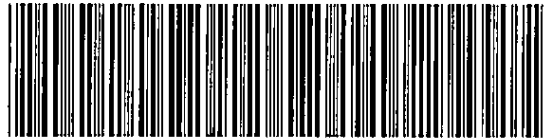
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FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
2023 FEB 28 PM 12:13

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** K & R Plumbing, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L190002950660

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth T Ruch Jr.

Name of Contact Person

K & R Plumbing, LLC

Firm/Company

3941 Crosley Ave.

Address

Saint Cloud, Florida 34772

City/State and Zip Code

krplumbing2019@gmail.com

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

For further information concerning this matter, please call:

Kenneth T. Ruch Jr.

Name of Contact Person

at (407) 731-7801  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: K & R Plumbing, LLC  
2. The principal office address: 3941 Crosley Ave. Saint Cloud Florida 34772

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/02/2029 Document number: L19000295060

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ronnie Ricks Jr. (resigned)

200 Washington Street

Minneola florida 34715

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kenneth T Ruch Jr.

3941 Crosley Ave Saint Cloud Florida 34772

P.O. Box NOT acceptable

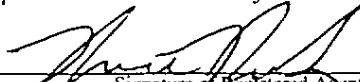
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

2-17-2023  
Date

If signing on behalf of an entity:

Ronnie Ricks  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

Clear/Reset

WELLS  
FARGO

# Acknowledgment by Individual

State of Florida

County of OSCEOLA

The foregoing instrument was acknowledged before me this 17th day  
of February, 20 23, by means of ☒ physical presence or ☐ online notarization

RONNIE RICKS Jr. (name of person acknowledging).

☐ Personally known to me

☒ Produced Identification

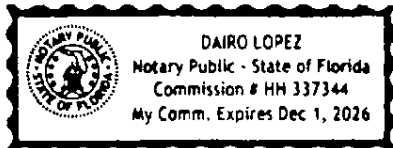
Type of Identification Produced Florida Driver License

Notary signature Dairo Lopez

Notary name (typed or printed) Dairo Lopez

Title (e.g., Notary Public) Notary Public

Place Seal Here



## For Bank Purposes Only Description of Attached Document

Type or Title of Document

Statement of Change of Registered Office or Registered Agent or Both for Corporations.

Document Date

02/17/2023

Number of Pages

1

Signer(s) Other Than Named Above

NA

Account Number (if applicable)

NA