L20 000 000 696

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(engletono ng
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Second leady setting to Filip Office.
Special Instructions to Filing Officer:

Office Use Only



200352850122

RECEIVED

OCT 1 3 2020

10/14/20--01022--003 **25.00



NOV 1 8 2020 S. YOUNG



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 9, 2020

Order#: 452230/015

Re: KISUMU SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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)	3119 PONCE DE LEON BLVD UNIT B		(b)	3119 PO	NCE DE LEON BLVD UNIT B
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33134	_		CORAL G	GABLES, FL 33134
	01/02/2020		L	.20000000	0696
3. 5. (a) (b)	Date of filing/registration in Florida CF REGISTERED AGENT INC.	4.			Document number
	Registered Agent and Registered Office shown on the records of 100 S. ASHLEY DR STE 400	f the Flor	ida	Dept. of State	_ c:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)		-
	TAMPA , F	L_33602	<u>2</u> 		2021 OCT 13
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	ed Office	add	ress:	PH = Z
	NEW Registered Office Address:				- · · · · · ·
	1201 Hays Street				_
	Tallahassee , F	.L_32301	ا 		_
:hange igent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of the l	erec con imi	l office and npany, it is ted liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	/S/ Abbhi Seema,	Α	bbh	i Seema, I	Manager
Signa	ture of a member or authorized representative of a member			· • • •	Printed or typed name of signee
I here provisi he obi o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing tions of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to a e perfor ed for ir hereby	ict i mai i Ci coi	n this cape nce of my c hapter 605 nfirm that t	acity. I further agree to comply with the duties, and I am familiar with and accep i, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company