## 120000104691

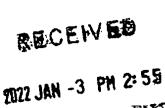
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
V/24 N0\$
No\$

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01/10/22--01001--001 \*\*25.00





SECRETARIOS SELECTION DEPARTMENT OF STATE
Division of Corporations

December 13, 2021

G BRIGGS KILBORNE 511 N JOHN RODES BLVD STE 101 MELBOURNE, FL 32934

SUBJECT: THE KILBORNE COMPANY LLC

Ref. Number: L20000104691

We have received your document for THE KILBORNE COMPANY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00029925

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJEC	The Kilborne Company					
	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Offic	ce Change and fe	ec(s) are submitted for filing.			
Please re	eturn all correspondence concerning this	s matter to the fo	llowing:			
G Briggs	Kilborne					
	Name of Person		<del></del>			
Bay Stree	et Corporation					
• • • • • • • • • • • • • • • • • • • •	Firm/Company		_			
511 N Jo	hn Rodes Blvd Suite 101					
	Address	· · · · · · · · · · · · · · · · · · ·	_			
Melbouri	ne FL 32934					
_	City/State and Zip Code		_			
briggs.kil	lborne@gmail.com					
E-r	mail address: (to be used for future annu	al report notifica	ation)			
For furth	ner information concerning this matter,	olease call:				
Briggs K	ilborne	321 at (	5915333			
	Name of Person		Area Code & Daytime Telephone Number			
<u> </u>	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
•	P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
1	Enclosed is a check for the following :	amount:				
□ \$25 Filing Fee		□ \$55	□ \$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.

2. (a)	505 N John Rodes Blvd Suite 101		(b) 505 N John Rodes Blvd Suite 101		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ''	·,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Melbourne Florida 32934	_	Melbour	me FL 32934	
	4/16/2020	L20000104		691	
3.	Date of filing/registration in Florida	4.	,	Document number	
5. (a)	LEGALCORP SOLUTIONS, LLC				
	Registered Agent and Registered Office shown on the records of the		•	tate:	
	3440 W HOLLYWOOD BLVD. SUITE 415HOLLYWOO		<del></del>	s 20	
	Registered Office Address <u>MUST BE FLORIDA STREET A</u> 3440 W HOLLYWOOD BLVD. SUITE 415	<u>DDRESS</u>	TALL!		
	Hollywood , FL	33021	**	DAN -3 T	
/L\	G Briggs Kilborne			PM 2: 02  RY 05 STATE ASSET. FIL	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	- 2	
	505 N John Rodes Blvd Suite 101 Melbourne FL 32934			fr.	
	NEW Registered Office Address:			<del></del>	
	505 N John Rodes Blvd Suite 101			<u></u>	
	Melbourne, FL	32934			
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabered.	egistere pility co the lim imited l	ed office a impany, it iited liabil	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change	e to act erforme for in C ereby co	in this ca ance of m Chapter 60 onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	

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