## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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·Email Address:\_\_\_ S LLC REGISTERED AGENT CHANGE KURO NEKO INVESTMENTS LLC 0 Certificate of Status Certified Copy 0 01 Page Count Estimated Charge \$25.00

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## 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.

1. Na	ame of the limited liability company: Kuro	o Neko Inve	estmei	nts LLC			
2. (a)	Principal office address of limited liability cor	• •	М	ailing address of lim (Note: MAY BE PC			
					-	-	
	05/19/2020	L	_20000	)135875			
3.	Date of filing/registration in Florida	1 4.		Document numbe	er .		
5. (a)	SMUDER, KEITH R						
(b)	Registered Agent and Registered Office shown on the						
	20840 CEDAR BLUFF PLACE						
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)					
	LAND OF LAKES	, FL 34638			-	2	
	Northwest Registered Ag	gent LLC				2022 APR	·
	Enter name of NEW Registered Agent and/or NEW	Registered Office addi	ress:			$\sim$	
	7901 4th St N				÷ 4.	2 AH	
	NEW Registered Office Address:					ب	
	STE 300				7::	4	
	St. Petersburg	<sub>, FL</sub> 33702					
the cha agent t was/w	limited liability company is not organized uncange or changes are made, the Florida street a will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the nucles of organization or the operating agreement	iddress of the regist limited liability cor nembers of the limit ent of the limited lia	ered office npany, it is ted liability ability com	and the business hereby confirme company or as o pany.	office c d that th	of the r ie char	egistered ige(s)
$\overset{\circ}{\Omega}$	ature of a member or authorized representative of a mem	Mor	gan Not	DIE Printed or typed nan	as of clan		
I here provis the ob to mer	eby accept the appointment as registered ager ions of all statutes relative to the proper and ligations of my position as registered agent a rely reflect a change in the registered office a din writing of this change.  Tom Glover - A	nt and agree to act is complete performa s provided for in Ci ddress, I hereby con	in this capa nce of my d hapter 605, nfirm that t	icity. I further as	ree to c	oninly	with the nd accep ring filed s been
Signati	ure of Registered Agent		•				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00