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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	

## LLC REGISTERED AGENT CHANGE KATS & CO LLC

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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. Name of the limited liability company: Kats & t	CO LLC			
<sub>2. (a)</sub> 7901 4th St N	(b) 79	01 4th St N		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	f limited liability company: EPOST OFFICE BOX)	
STE 300	ST	E 300		
St. Petersburg,FL 33702	St.	St. Petersburg, FL 33702		
06/02/2020	L20	000149854		
3. Date of filing/registration in Florida	4.	Document nu	mber	
MATE DENIAMIN				
5. (a) Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:		
101 FEDERAL HIGHWAY #356	·		202 SE	
Registered Office Address (MUST BE FLORIDA STREE	<del></del>			
BOYNTON BEACH,	BOYNTON BEACH, FL 33435			
Registered Agents Inc.			ED 6 PM 5: 29 RY OF STATE HASSEE, FL	
(b) Enter name of NEW Registered Agent and/or NEW Register	red Office address:		. 29	
7901 4th St N				
NEW Registered Office Address:				
STE 300				
312 300	31,31 (1 - 11 - 2 ) E	<del></del>		
St. Petersburg	FL_33702			
If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the membe the articles of organization or the operating agreement of  Signature of a member or authorized representative of a member  I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complete obligations of my position as registered agent as proving the obligations of my position as registered agent as proving the content of the proper and complete obligations of my position as registered agent as proving the content of the proper and complete obligations of my position as registered agent as proving the content of the proper and complete obligations of my position as registered agent as proving the content of the proper and complete obligations of my position as registered agent as proving the content of the proper and complete obligations obligations of the proper and complete obligations obligations of the p	to the registered liability comparts of the limited liability the limited liability Pares to act in the limited liability Pares to act in the limited liability Pares to act in the liabil	ark  Printed or types  his capacity - I further	rmed that the change(s) as otherwise provided in  I name of signee	

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent