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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE KIN HOME LLC

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Fax: 2083295246

## 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. S	Name of the limited liability company:		
2. (a	)	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4th St N STE 300
	St. Petersburg Ft. 33702		St. Petersburg FL 33702
	08/07/20	L	20000238850
3.	Date of filing/registration in Florida	- <sub>4.</sub> -	Document number
5. (a	, ZenBusiness Inc.		
5. (a)	Registered Agent and Registered Office shown on the records of		
	336 E. College Ave.		
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>		
	STE 301		
	Tallahassee Fi	32301	
(b)	Northwest Registered Agent LLC		
	)	LOMan adda	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	i Office agor	<u>en</u> :
	7901 4th St N		2029 KOY 25
	NEW Registered Office Address:		
	STE 300		الماسية
		00700	PH 4:4
	St. Petersburg . Fil	33702	
the ch agent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registe ability con of the limit	state of Florida, it is hereby confirmed that after ered office and the business office of the registered opany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change.	' nertorma)	ice of my duties, and I am lamiliar with and accep
7/4	Taylor Newman - Assistant S - مسكرا	ecretary	

11/25/2024 18:54 41\_PST