120000285959

(Re	questor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
	J. H	ORNE			
	JAN	1 2 2024			
	JAN	1 2 2024			

Office Use Only



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, co	VER LETTER
TO: Registration Section Division of Corporations	
KCM Enterprises LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Kelly C. Miller	
Name of Person	
KCM Enterprises LLC	
Firm/Company	
1033 Soledad Way	
Address	
The Villages, FL 32159	
City/State and Zip Code	
wlknnthesun@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
at (52 2394335
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
■ \$25 Filing Fee	□ \$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.

l. Na	ame of the limited liability company: KCM Enterprises	LLC		
l. (a)	1033 Soledad Way	((b)	1033 Soledad Way
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	The Villages, FL 32159	-	- -	The Villages, FL 32159
	September 11, 2020		L	20000285959
	Date of filing/registration in Florida	4.	_	Document number
. (a)	Kelly C. Miller			
(4)	Registered Agent and Registered Office shown on the records of the	he Florid	la D	Dept. of State:
	1063 Soledad Way			•
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	(2)	
	The Villages	32159		
(b)	Kelly C. Miller			230
	Enter name of NEW Registered Agent and/or NEW Registered (Office ac	ddrs	- S
	1033 Soledad Way			
	NEW Registered Office Address:		.,	230EC 18 MM 11.46
	The Villages	32159		· · · · · · · · · · · · · · · · · · ·
	, FL_			. <u>. </u>
ent w	nited liability company is not organized under the laws or changes are made, the Florida street address of the reliable identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of les of organization on the operating agreement of the liable of organization on the operating agreement of the liable of organization.	egistere ility co the lim mited l	ea comp nite liab	office and the business office of the registered pany, it is hereby confirmed that the change(s)
(naralk	e of a member or authorized representative of a member			Printed or typed name of signee
hereby ovisio oblig merel	vaccept the appointment as registered agent and agree ns of all statutes relative to the proper and complete pe tations of my position as registered agent as provided j y reflect a change in the registered office address, I he in writing of this change.	e to act erforma for in C reby co	in in ancient	this capacity. I further agree to comply with the
matum	of Registered Agent			