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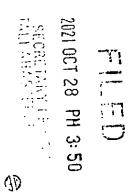
(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Do	cument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
	J. HOR	RNE ., 2021				

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	KYOREL SERVICES LLC ECT:						
5 0 5 0	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The ei	nclosed Registered Agent/Registered Office	Change and f	ee(s) are submitte	d for filing.			
Please	e return all correspondence concerning this r	doffice Change and fee(s) are submitted for filing. In this matter to the following: In this matter to the					
Miche	lle Roseway-Peart						
	Name of Person		_				
Kyore	l Services LLC						
	Firm/Company						
9083 E	Plymouth Pl						
-	Address						
Tamar	rac, FL, 33321						
·	City/State and Zip Code		_				
mrose	waypeart@yahoo.com						
	E-mail address: (to be used for future annua	l report notific	cation)				
For fu	orther information concerning this matter, pl	ease call:					
Leroy	Peart		652-3242				
	Name of Person		Area Code & Da	ytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Se Division of Co The Centre of 2415 N. Monro	ection prorations Tallahassee pe Street, Suite 810			
	Enclosed is a check for the following an	nount:					
	■ \$25 Filing Fee	\$ 55	5 Filing Fee & Ce	rtified Copy			

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: KYOREL SERVIC	CES LI	LC —		
2. (a)	Kyorel Services LLC		(b)	Kyorel So	ervices LLC
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` '		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	110 Summerwind drive			110 Sumn	nerwind drive
	Victoria, TX 77904	_		Victoria,1	X 77904
	09/15/2020		I.	.20000289	060
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)					
()	Registered Agent and Registered Office shown on the records of t UNITED STATES CORPORATION AGENTS, INC.	he Flor	ida I	Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A	_			
	5575 S. SEMORAN BLVD., SUITE 36				
	ORLANDO	32822			_
	, FL				
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	add	ress:	
	Michelle Roseway-Peart				INDI OCT 28 PM 3: 50
	NEW Registered Office Address:				بى ئى
	9083 Plymouti Pi				0
		·			=
	Tamarae , FL	33321			
change igent v vas/we he arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registe bility of the li imited	erec con mit I lia	l office an ipany, it i led liabilit	In the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.
-	ture of a member of authorized representative of a member				Printed or typed name of signee
rovisi he obl o merc totifiec	by accept the appointment as registered agent and agretions of all statutes relative to the proper and complete placed in the proper and complete placed in the registered agent as provided ely reflect a change in the registered office address. I had in writing of this change. Allow and floor	e to a perfori for in ereby	ct i mar Ch con	n this cap nce of my napter 60± nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent				