

L20000343362

VIEW

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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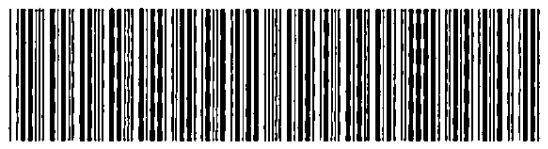
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KTFIT LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary K. Colucci  
Name of Person

KTFIT LLC  
Firm/Company

5806 Lilac Lake Dr.  
Address

Riverview, FL 33578  
City/State and Zip Code

Mcolucc2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Colucci at (813) 601-0141  
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:

\$25 Filing Fee

\$55 Filing Fee & Certified 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. Name of the limited liability company: KTFIT LLC

2. (a) 5801o Lilac Lake Dr. (b) 5806 Lilac Lake Dr.  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Riverview FL 33578 Riverview FL 33578

3. 10/28/2020 4. L20000343362  
 Date of filing/registration in Florida Document number

5. (a) Mary K. Eckstein  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5806 Lilac Lake Dr.  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Riverview FL 33578  
 \_\_\_\_\_, FL \_\_\_\_\_

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(b) Mary K. Colucci  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

5806 Lilac Lake Dr.  
 NEW Registered Office Address:  
Riverview FL 33578  
 \_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mary K. Colucci  
 Signature of a member or authorized representative of a member

Mary K. Colucci 12/13/2  
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mary K. Colucci  
 Signature of Registered Agent

Mary K. Colucci