12000371939

(Requestor's Name)						
(Address)						
(Address)						
(
(C)	h/State/Zin/Dhan	- 40				
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(50	iomess Emily Han	,				
- 						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Constitution of the same	Fii: 0#:					
Special Instructions to	Filing Officer:					
ر مر ا						



900392036009

08/04/22--01014--005 **25.00

SECRETARY OF STATE

Office Use Only

105 50 5055

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	K DEVELOPMENT AND DESIGN	, LLC			
SUBJ	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the i	following:		
KAIT	DOULOU-DROLSHAGEN				
	Name of Person		_		
K DE	VELOPMENT AND DESIGN, LLC				
	Firm/Company		_		
7732 F	BLUE QUAIL LANE				
	Address				
ORLA	.NDO, FL 32835				
	City/State and Zip Code		_		
kait@l	puildventuresusa.com				
Ī	E-mail address: (to be used for future ann	ual report notifi	cation)		
For fu	rther information concerning this matter,	please call:			
KAIT	DOULOU- DROLSHAGEN	727 at (455-7049		
	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	□ \$5	5 Filing Fee & Certified Copy		
INHS1	8 (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.

1. N	ame of the limited liability company: K DEVELOPME	ENT A	ND I	DESIGN, LL	.C
2. (a)	7732 BLUE QUAIL LANE ORLANDO, FL 32835		(b)	7732 BLU	E QUAIL LANE ORLANDO, FL 32835
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7732 BLUE QUAIL LANE			7732 BLU	E QUAIL LANE
	ORLANDO, FL 32835			ORLANDO	D, FL 32835
	11/25/2020		[.200003719	39
3.	Date of filing/registration in Florida	4.		 1	Document number
5. (a)	MUNIZZI LAW FIRM				
(-)	Registered Agent and Registered Office shown on the records of	the Flo	orida l	Dept. of State	:
	MUNIZZI LAW FIRM				
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)		
	1120 N RONALD REAGAN BLVD				
	LONGWOOD	3275	0		
	KAIT DOULOU-DROLSHAGEN				
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	e add:		
	KAIT DOULOU-DROLSHAGEN				
	NEW Registered Office Address:		Ī		
	7732 BLUE QUAIL LANE				
	ORLANDO , FL	3283	5		
if the i	imited lightifity company is not associated as the last		L - C		
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the an Doulou.	regist ability of the l limite	tered com limit d lia	office and pany, it is led liability bility bility comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
ithin Doubou	ture of a member or authorized representative of a member	_			Printed or typed name of signee
I herei provisi the obli to mere notified (AICUM)	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ingations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. Doulou	norini	rman	this capac	city. I further agree to comply with the
Signatu	re of Registered Agent				

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