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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

H21000161195

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.

. INd.	me of the limited liability company: KLAW Enter							
?. (a)	Principal office address of limited liability company:		(b)		Mailing address of limited	lishiliry coma	anv:	
	(Note: MUST BE STREET ADDRESS)		(<u>Note: MAY BE POST OFFICE BOX</u>) 1615 Mahan Center Boulevard					
	1615 Mahan Center Boulevard							
	Tallahassee, Florida 32308			Tailahasse	e, Florida 32308	305		
	January 15, 2021			L210	00013362			
	Date of filing/registration in Florida	4.	_		Document number			
(-)	Fisher, Tousey, Leas & Ball, P.A.							
(a)	Registered Agent and Registered Office shown on the record	ts of the Flo	rida I	Ocpl. of Stat	 ie:			
					_		\sim	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDR	ESS)				2021	
	501 Riverside Avenue, Suite 600					. *•	A NOR	
	Jacksonville	3220	2		-	•	-	
	Jacksonville	, rl			_		\sim	
(b)	Kevin A. Drygas						Ph	
	Enter name of NEW Registered Agent and/or NEW Regist	tered Offic	<u>द ३०</u> ०	ress:	_		Phi 2: 01	
						••	60	
	NEW Registered Office Address:				_			
	1615 Mahan Center Boulevard				_			
	Tailahassee	FL	\$					
hange gent v ras/wo te arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membri ieles of organization or the operating agreement of	f the regis ed liability ers of the f the limit	terec / cor limi ed lia	i office ar ipany, it i ied liabili	id the business office (is hereby confirmed th ty company or as other npany. is	at the chan rwise provi	ered ge(s)	_
	aure of a member or authorized representative of a member				Printed or typed name of			
l herei provisi he obl o meri	by accept the appointment as registered agent and ions of all statules relative to the proper and comp ligations of my position as registered agent as prov ely reflect a change in the registered office addres d'in writing of this mange.				acity. I further agree duties and I am famil	to comply v		,

Signature of Registered Agent

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