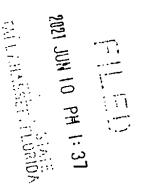
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(F	Requestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(/	Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		Address)	
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	((City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP	☐ WAIT	MAIL
Certified Copies Certificates of Status Special Instructions to Filing Officer:	(E	Business Entity Name)	
Special Instructions to Filing Officer:	(Document Number)		
	Certified Copies	Certificates of	Status
	Special Instructions t	o Filing Officer:	
			



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Praject K3	LLC	
N	ame of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Kristen Lar	729	
Project K3 Li	<u>-c</u>	
6822 22nd Av	e N #329	
St. Reterslowng, F		
E-mail address: (to be used for future a		
For further information concerning this matt	er, please call:	
Kristen Langa Name of Person	at (724) <u>804-6338</u> 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 followi	ng amount:	
\$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.

1. Name of the limited liability company: Project K3, LLC		
2. (a) 6822 22nd Ave N	(b) 6822 22nd Ave N	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
#329	#329	
St. Petersburg, FL 33710	St. Petersburg, FL 33710	
01/07/21	L21000020315	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Larra, Kristen Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET A	33710 SS 00 1	
St. Petersburg		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
WEW Registered Office Address:		
#329		
_St. FetersburgFL	33710	
If the limited liability company is not organized under the law change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lial was/were authorized by an affirmative vote of the members of the articles of organization of the operating agreement of the l	registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) f the limited liability company or as otherwise provided in	
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree		
provisions of all statutes relative to the proper and complete pathe obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I have notified in writing of this change.	performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed	
Signature of Registered Agent		