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COVER LETTER

Division of Corporations		
SUBJECT: Project Y5, LLC Name of Limited Liability Company		
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	r to the following:	
Kristen Lanza Name of Person		
Project K5, LC Firm/Company		
(0812 12nd Ave N #329) Address		
St. Retersburg, FL 33710 City/State and Ztp Code		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please call:		
Vristen Lanza at (777) 804-6338 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	

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 K5, LLC		
•	822 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 H	329	
St. Retersburg, FL 33710 St	. Petersburg, FL 33710	
02/09/21	1000068557	
3. Date of filing/registration in Florida 4.	Document number	
5. (a) Lanza, Knisten	. C2	
Registered Agent and Registered Office shown on the records of the Florida Dept. o	f State:	
118 660m StN	<u> </u>	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	<u> </u>	
	<u> </u>	
St. Retersburg FL 33710	<u> </u>	
Enter name of NEW Registered Agent and/or NEW Registered Office address: Warrange W		
St. Petersburg FL 33710	<u> </u>	
If the limited liability company is not organized under the laws of the State of change or changes are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited liability company was/were authorized/by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability	te and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in company.	
KNS	Printed or typed name of signee	
Signature of a member or authorized representative of a member	Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter to merely reflect a change in the registered office address, I hereby confirm notified in writing of this change.	capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been	
Signature of Recisiered Agent		

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