# K21000126109

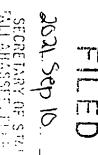
| (Red                      | questor's Name)   | · · · · · · · · · · · · · · · · · · · |
|---------------------------|-------------------|---------------------------------------|
| (Ade                      | dress)            |                                       |
| (Auc                      | 11655)            |                                       |
| (Add                      | iress)            | <del></del>                           |
|                           |                   |                                       |
| (City                     | //State/Zip/Phon  | e #)                                  |
| PICK-UP                   | ☐ WAIT            | MAIL                                  |
|                           |                   |                                       |
| (Bus                      | siness Entity Nai | ne)                                   |
| (Dox                      | cument Number)    |                                       |
|                           |                   |                                       |
| Certified Copies          | Certificate       | s of Status                           |
|                           |                   |                                       |
| Special Instructions to F | Filing Officer:   |                                       |
|                           |                   |                                       |
|                           |                   |                                       |
|                           |                   |                                       |
|                           |                   | 1/./                                  |
|                           |                   | 0/10                                  |

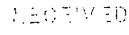
Office Use Only



400371932204

08/20/21--01015--009 ++35.00







### 2321 SEP 10 AM 10: 59

## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2021

KAITLYN MONACELLO 4833 FOX HUNT TRAIL BOCA RATON, FL 33487 US

SUBJECT: KAP STRATEGIES LLC Ref. Number: L21000126108

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a COPORATION REGISTERED AGENT CHANGE, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 421A00020900

### COVER LETTER .

Amendment Section

TO:

| Division of Corporations  |
|---|
| SUBJECT: Name of Corporation  |
| DOCUMENT NUMBER:  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| Kaitlyn Monacello   |
| Name of Contact Person KAP Strategies LLC   |
| Firm/Company 4833 Fox Hunt Trail  |
| Address<br>Boca Raton, FL 33487   |
| City/State and Zip Code kaitlyn@kapstrategiesllc.com  |
| E-mail address: (to be used for future annual report notification)                            |
| For further information concerning this matter, please call:                                  |
| Kaitlyn Monacello 646 9917720   |
| Name of Contact Person Area Code & Daytime Telephone Number                                   |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Street Address:** 

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## 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.

| I. 1                    | Name of the limited liability company: KAP Strategies LUC  |
|-------------------------|--|
|                         | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)   |
|                         | Suite 205 Suite 205  |
|                         | Boca Raton FL 33431 Boca Raton, FL 33431   |
| 3.                      | 3/17/2021  |
| 5. (                    | a) Realstered Agents Inc   |
| J. (                    | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |
|                         | 7901 4th St Stc 300  |
|                         | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |
|                         |  |
|                         | St petroburg .FL 33702   |
|                         | Kailan hamacalla   |
| (E                      | , <del>-   </del>  |
|                         | Enter name of NEW Registered Agent and/or NEW Registered Office address:   |
|                         | 2061 NW Boca Raton Blyd Stute 205 5 8 7  |
|                         | NEW Registered Office Address:   |
|                         | SSE CONTRACTOR OF THE SECOND S |
|                         |  |
|                         | Boca Raton FL 33431  |
|                         | POCO TO STATE OF THE POCO TO S |
| chan<br>agen            | Elimited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the ge or changes are made, the Florida street address of the registered office and the business office of the registered twill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in   |
| the a                   | rticles of organization or the operating agreement of the limited liability company.   |
|                         | A CONTROL   KOTHYN MONACOLO   Printed or typed name of signee  |
| Sig                     | nature of a member Printed or typed name of signee   |
| prov.<br>the o<br>to me | reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed erely reflect a change in the registered office address, I hereby confirm that the limited liability company has been led in writing of this change.   |
|                         | 101 / h VK   |
| Signa                   | dure of Registered Agent   |
|                         | Division of Corporations• P.O. Box 6327• Tallahassec, FL 32314 FILING FEE: \$25.00   |