

121000126108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL 323

12/11/2021
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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 CORPORATION 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

TO: Amendment Section
Division of Corporations

SUBJECT: KAP STRATEGIES LLC
Name of Corporation

DOCUMENT NUMBER: L21000126108

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
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 at (646) 991-7720
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

**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: KAP Strategies LLC
2. (a) 2061 NW Boca Raton Blvd (b) 2061 NW Boca Raton Blvd
Principal office address of limited liability company: Mailing 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 4. 1,21000126108
Date of filing/registration in Florida Document number
5. (a) Registered Agents Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4th St Ste 300
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
St Petersburg, FL 33702
- (b) Kaitlyn Monacello
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2061 NW Boca Raton Blvd Suite 205
NEW Registered Office Address:
Boca Raton, FL 33431

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kay Melle Kaitlyn Monacello
Signature of a member or authorized representative of a member Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kay Melle
Signature of Registered Agent