## E21 000 195 622

(Rec	questor's Name)			
(Add	dress)			
(Add	dress)			
(Cit)	//State/Zip/Phon	e #)		
		MAIL		
(Bus	siness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				



 FILED
 RECEIVED

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 24 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 26 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 27 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 28 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 29 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 20 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

 20 DEC 11 AN 9: 28
 2024 DEC 11 AN 1: 38

Office Use Only



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 806777 7736597 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE : December 3, 2024 ORDER TIME : 9:46 AM ORDER NO. : 806777-020 CUSTOMER NO: 7736597

## CHANGE OF AGENT

NAME: KLF SHIPPING LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_

## 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.

(a)		<u> </u>	(b)		of limited liability company:
	Principal office address of limited liability compa ( <u>Note: MUST BE STREET ADDRESS</u> )	ny:			of limited liability company: <u>BE POST OFFICE BOX</u> )
	1313 Ocean Bay Drive		1313 O	cean Bay Drive	
	Key Largo, FL 33037		Key La	rgo, FL 33037	
	04/27/2021		L210001	95622	
	Date of tiling/registration in Florida	4.		Document n	umber
(a)	Registered Agent and Registered Office shown on the rec				24
		ords of the Flor	ida Dept. of S	itate:	LI T
	HAWKS, BRYAN				
	HAWKS, BRYAN Registered Office Address (MUST BE FLORIDA ST 138 SIMONTON ST	REET ADDRE	<u>(S.S)</u>		
	Registered Office Address (MUST BE FLORIDA ST	<u>REET ADDRE</u> FL			
(b)	Registered Office Address (MUST BE FLORIDA ST 138 SIMONTON ST KEY WEST	FL_ <u>3307(</u>	)		
(b)	Registered Office Address (MUST BE FLORIDA ST 138 SIMONTON ST	FL_ <u>3307(</u>	)		
(b)	Registered Office Address (MUST BE FLORIDA ST 138 SIMONTON ST KEY WEST	FL_ <u>3307(</u>	)		
(b)	Registered Office Address       (MUST BE FLORIDA ST         138 SIMONTON ST         KEY WEST         Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	FL_ <u>3307(</u>	)		
(b)	Registered Office Address       (MUST BE FLORIDA ST         138 SIMONTON ST         KEY WEST         Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u> Corporation Service Company	FL_ <u>3307(</u>	)		

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.

/8/ Felix Charney	Felix Charney, Member		
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 ag	ree to act in this capacity. I further agree to comply with the		

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.

c. Z. Kubi s

Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

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