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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE KAE ALPHA HOLDINGS LLC

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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.

l.	Na	me of the limited liability company: KAE ALPHA H	OLDIN(GS LLC			
2.	(a)		(b)				
L. (u)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited Hability company: (Note: MAY BE POST OFFICE BOX)		
		04/28/2021	 	21000197	378		
3.		Date of filing/registration in Florida	4.		ocument nui	mber	
5.	(2)	UNITED STATES CORPORATION AGENTS,	INC				
J.	5. (a)	Registered Agent and Registered Office shown on the records of the	ept. of State:				
		476 RIVERSIDE AVE.					
		Registered Office Address (MUST BE FLORIDA STREET AL					
		JACKSONVILLE, FL					
		JACKSONVICEE , 11.	<u> </u>				
	(h)	Registered Agents Inc					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	<u> 255</u> :				
		7901 4th St N					
		NEW Registered Office Address:					
		STE 300				₹.	·-
							202
		St. Petersburg , FL_	33702				→
the ag wa the	e cha ent v is/wo e arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabers.	s of the Si he registe bility com the limite imited lia	tate of Flori gred office a apany, it is b ed liability o bility comp n Jones	nd the busingereby confidence on the company or any.	ness office rmed that las otherwi	of the registered the manage(s) is exprovided in
	-	ture of a member or authorized representative of a member			rinted or typed	_	

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.

Dovid X-60915 David Roberts - Assistant Secretary
Signature of Registered Agent