L21 (CC) 210 295

(Requestor's Name)					
(Address)					
(Address)					
((daless)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000387930060

05/28/22--01003--005 **25.00

SECNUTARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
KHOURY'S HOLDING GROU SUBJECT:	P LLC	
	Name of Limited I	liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the	following:
John Khoury		
Name of Person		
Khoury's Holding Group LLC		
Firm/Company		
6769 Azalca Park Rd		
Address		_
Saint Johns, FL 32259		
City/State and Zip Coo	de	
john.khoury10@gmail.com		
E-mail address: (to be used for future	annual report notif	īcation)
For further information concerning this ma	tter, please call:	
John Khoury	904 at (3222758
Name of Person	······································	Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		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

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. N:	ame of the limited liability company: Khoury's Holdi	ing Group LLC			
2. (a)	6769 Azalea Park Rd Saint Johns, FL 32259	ralea Park Rd Saint Johns, FL 32259			
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	05/10/2022	L2100021	0295		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	UNITED STATES CORPORATION AGENTS, INC				
,	Registered Agent and Registered Office shown on the records	of the Florida Dept. of St	tate:		
	5575 S. SEMORAN BLVD.36				
	Registered Office Address (MUST BE FLORIDA STREE	702 SEE SEE T			
			ZOZZ HAY 26 SECKETAR TALLAHA		
	Orlando	FL 32822	MAY 26 INCTARY		
(b)	John Khoury		SSE TO THE CONTRACT OF THE CON		
, ,	Enter name of NEW Registered Agent and/or NEW Register				
	6769 Azalea Park Rd		59		
	NEW Registered Office Address:		_		
	Saint Johns	FL 32259	_		
	•	FL	_		
:hange igent v was/wi	imited liability company is not organized under the corchanges are made, the Florida street address of a will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the properties.	he registered office a liability company, it is of the limited liabil he limited liability co	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in		
Ciana	ntue of a member or authorized representative of a member	John Khoury			
l herc provisi he obi o mer	have of a thember of authorized representative of a member by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in vriting of this change.	igree to act in this ca de performance of m ded for in Chapter 60 I hereby confirm tha	Printed or typed name of signee spacity. I further agree to comply with the v duties, and I am Jamiliar with and accept 55. F.S. Or, if this document is being filed at the limited liability company has been		
Signatu	rc, of Registertal Agent				