## 121000247754

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

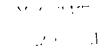
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## COVER LETTER

Division of Corporations	
KONFIGURE ME LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
LOVETTE DOBSON	
Name of Person	
INCFILE.COM LLC	
Firm/Company	<del></del>
17350 STATE HWY 249 STE 220	
Address	<del></del>
HOUSTON, TX 77064	
City/State and Zip Code	<del></del>
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
LOVEITE DOBSONat (	888 462-3453
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	nt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## ' '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: KONFIGURE	ME LLC			
2. (a)		(b)			
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	113 EDWARDS LANE APT 1	2867 NW	/ 72 AVEJET 4126		
	PALM BEACH SHORES, FL 33404	міамі,	MIAMI, FL 33122		
	05/27/2021	1.21000247	7754		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
2. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Sta	ate:		
	DOUGLAS DE FORD				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	_		
	113 EDWARDS LANE APT 1				
	PALM BEACH SHORES	FL_33404			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  LEGALING CORPORATE SERVICES INC.				
	THE HAIL OF THE WEEKER WHO STON REGISTER	ed Office Address.			
	LEGALING CORPORATE SERVICES INC.		PH 2		
	NEW Registered Office Address:		2: 02 E. FL		
	5237 SUMMERLIN COMMONS SUITE 400		L E 2		
	FORT MYERS	-L 33907			
			_		
agent was/w the art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited there authorized by an affirmative vote of the members icles of organization or the operating agreement of the water.	ne registered office a liability company, it of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.		
Signa	nture of a member or authorized representative of a member	·	Printed or typed name of signee		
provis the ob to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address, a d in writing of this change.	gree to act in this cap e performance of my led for in Chapter 60 I hereby confirm that	pacity. I further agree to comply with the cluties, and I am familiar with and accept 15. F.S. Or, if this document is being filed t the limited liability company has been		
Signati	Jealy Bolan  ire of Regidered Agent				