1/16/25, 4:45 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000019965 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:						
	Fmail	Addrace				

## LLC REGISTERED AGENT CHANGE KMBCPA HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

**(**)

To:

INHS18 (2/14)

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: KMBCPA	HOLDIN	GS LL	C	
	Name o	Limited Liab	oility Company	
Dear Sir or Madam:				
The enclosed Registered Agent/F	Registered Office (	Change and fe	e(s) are submitted for filing	, ,
Please return all correspondence	concerning this m	atter to the fo	Howing:	
Erik Treutlein				
Name of	Person			
Legalzoom.com, Inc.				
Firm/Co	трапу			
9900 Spectrum Dr				
Addres	SS		•	
Austin, TX 78717				
City/State ar	nd Zip Code	_	•	
kevin.boyle28@gmail.com				
E-mail address: (to be used	for future annual	report notifica	tion)	
For further information concerning	ng this matter, plea	ise call:		
Erik Treutlein	а	800	773-0888 ext 9724	
Name of Person			Area Code & Daytime Tele	phone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle	Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
Enclosed is a check for	the following am	ount:		
□ \$25 Filing Fee		□ \$55	Filing Fee & Certified Copy	y

## 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.

2. (a)		(b	o)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY B)			
	10 ARAGON AVE STE 1404		10 ARA	AGON AVE S			2 40.1)
	CORAL GALES, FL 33134		CORAL	GALES, FL	33134	1	
	0010010004	<del></del>					
	06/08/2021	····	L210002				
3.	Date of filing/registration in Florida	4.		Document nui	mber		
5. (a)	Registered Agent and Registered Office shown on the records of	. 2.2					
		the Florida	Dept. of Sta	ite:			
	BOYLE, KEVIN M			_			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	2				
	10 ARAGON AVE STE 1404			_			
	CORAL GALES	33134				20	
		<u>-</u>		_		125	
(b)						2025 JAH 1	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>dress</u> :			5	
	UNITED STATES CORPORATION AGENT	S, INC.				-	E 50
	NEW Registered Office Address:					ထ္	
	476 Riverside Ave.			_	<u>-</u> ر	r> 0	
	Jacksonville	32202		_			
the char agent w was/we	mited liability company is not organized under the large or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited is re authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the regis ability econt of the lim	stered offic impany, it iited liabili	te and the busing is hereby confir ty company or a	ess offi med the	ce of that the c	ne registere hange(s)
ru		Erik	k Treutlei	<u>n</u>			
Signati	ure of a member or authorized representative of a member			Printed or typed	name of	signee	

Signature of Registered Agent