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| (Requestor's Name) | | | | | |
|-----------------------------------------|-------------------|-----------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | y/State/Zip/Phone | : #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nam | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer. | | | | | |
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Office Use Only



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COVER LETTER

| | Registration Section Division of Corporations | | |
|-------------|----------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJEC | 7 KINGDOMS ENTERPRISES LL | C | |
| 0000 | | ne of Limited | Liability Company |
| Dear Sir | or Madam: | | |
| The encl | osed Registered Agent/Registered Off | īce Change ar | nd fee(s) are submitted for filing. |
| Please re | turn all correspondence concerning th | is matter to th | e following: |
| Justin S. | Munizzi, Esq. | | |
| | Name of Person | • | |
| The Mun | izzi Law Firm | | |
| | Firm/Company | | |
| 101 N. W | oodland Blvd., Suite 601 | | |
| | Address | | |
| DeLand, | FL 32720 | | |
| | City/State and Zip Code | | |
| Legal@N | AunizziLaw.com | | |
| E-1 | nail address: (to be used for future and | nual report no | tification) |
| For furth | er information concerning this matter | , please call: | |
| Justin S. | Munizzi | 407 at (| 501-5500 |
| | 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 |
| 1 | Enclosed is a check for the following | g amount: | |
| (| ■ \$25 Filing Fee | ٥ | \$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.

| l. | Na | me of the limited liability company: 7 KINGDOMS E | NTER | PRI | SES LLC | |
|--------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. | (a) | | | (b |) | |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ζ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | 2818 SUMMER SWAN DR | | | 2818 SUMMER SWAN DR | |
| | | ORLANDO, FL 32825 | <u> </u> | | ORŁANDO, FL 32825 | |
| | | 07/26/2021 | | | L21000337977 | |
| 3. | | Date of filing/registration in Florida | - 4. | - | Document number | |
| 5 | (a) | KENNETH S. COX | | | | |
| J. | (a) | Registered Agent and Registered Office shown on the records of | the Flo | rida | Dept. of State: | |
| | | | | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | |
| | | 2818 SUMMER SWAN DR | | | | |
| | | ORLANDO | 2292 | • | | |
| | | FI | 3282 | , | | |
| | (b) | THE MUNIZZI LAW FIRM | | | | |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | NEW Registered Office Address: | | | | |
| | | 101 N. WOODLAND BLVD., SUITE 601 | | | | |
| | | DELAND | 3272 | n | | |
| | | FI. | | | | |
| cha age wa the | nge ent v s/wo arti | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | regis ability of the | tere / coi lim | d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in | |
| Gerro | reac | ory S. Uchimura monora (Aug. 16, 2024 14 53 8 DT) | (| GRE | GORY S. UCHIMURA | |
| S | igna | ture of a member or authorized representative of a member | _ | | Printed or typed name of signee | |
| pro the to t | visi obl meri | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete ligations of my position as registered agent as provide elyreflect a/change in the registered office address. I did not this change. | nerto | rma | nce of my duties, and I am familiar with and accept | |
| Ç: | | roof Registered August | | | | |
| 218 | الانفاد | re of Registered Agent | | | | |
| | | Division of Corporations P.O. | | | | |

FILING FEE: \$25.00

INHS18 (2/14)