121000405154

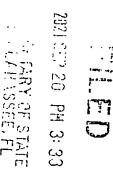
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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09/20/21--01015--028 **25.00





COVER LETTER

TO:	Registration Section Division of Corporations		•			
SUBJE	TKINGDOM CONSULTING LLC					
.701741	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office C	Change at	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning this ma	atter to th	ne following:			
LOVEI	TE DOBSON					
	Name of Person					
INCFII	.E.COM LLC					
	Firm/Company					
17350 8	STATE HWY 249 #220					
	Address					
HOUS	TON, TEXAS 77064					
	City/State and Zip Code					
EFILE	1234@INCFILE.COM					
E	-mail address: (to be used for future annual	report no	tification)			
For fur	ther information concerning this matter, ple	ase call:				
LOVE	TTE DOBSON	888 it (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 am	ount:				
	■ \$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: TKINGDOM C	ONSUI	TING LL	C		
2. (a)			(b)			
 (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1825 NW CORPORATE BLVD STE 110		1825	NW CORPORATE BLVD STE 110		
	BOCA RATON, FL 33431		BOCA RATON, FL 33431			
	09/13/2021		1.21000405154			
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
-·. (a)	Registered Agent and Registered Office shown on the records	of the Fle	rida Dept.	of State:		
	THOMAS, MONTRIAL, JR					
	Registered Office Address (MUST BE FLORIDA STREE					
	1825 NW CORPORATE BLVD STE 110					
	BOCA RATON	FL3343	l			
(b)	LEGALING CORPORATE SERVICES INC.			22 72		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	PH 3: 33				
	NEW Registered Office Address:	·		33 FL 33		
	5237 SUMMERLIN COMMONS SUITE 400			. (2)		
			<u>.</u>			
	FORT MYERS	FL	7			
change agent v was/w	imited 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 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the control of the c	he regis liability s of the he limite	tered offi company limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.		
	aure of a member or authorized representative of a member		nonutat 1	Printed or typed name of signee		
I here provisi the obi to mer	by accept the appointment as registered agent and a jons of all statutes relative to the proper and completing tions of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	gree to te perfor led for i I hereby	act in thi. mance o n Chaptè · confirm	o amountary I found in a second of the Set of		
Signatu	re of Registered Agent					