## K21000459124

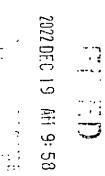
	(Requestor's Name)					
	(Address)					
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	(Address)					
	(City/State/Zip/Phone #)					
	(Only) Charles Zipi (Notice III)					
PICK-UF	P WAIT	MAIL				
	(Business Entity Name)					
(Document Number)						
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Certified Copies	Certificates of S	Status				
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Special Instructions to Filing Officer:						

Office Use Only



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A. DUTLER

MAR = 4 2023

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	KLN Solar ŁŁC		
		Name of Limited L	iability Company
Dear Si	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the	following:
Mike Pa	atterson		
	Name of Person		
KLN Se	olar LLC		
	Firm/Company		<del></del>
8720 Se	erene Retreat Ln #304		
	Address	<u> </u>	<del></del>
Tampa	FL 33619		
-	City/State and Zip Co	de	
mike@l	KLNsolar.com		
Е	-mail address: (to be used for future	annual report notif	leation)
For fur	ther information concerning this ma	itter, please call:	
Mike Pa	atterson	813 at (	438-4065
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee
	Tananassee, FL 52514		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	■ \$25 Filing Fee	<u> </u>	55 Filing Fee & Certified Copy

INH\$18 (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.

, ,	8720 Serene Retreat Ln #304			8720 Sere	ine Retreat Ln #304
ı) <u>'</u>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<u>-</u>	(b)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33619	_		Tampa, FI	. 33619
	10/21/21	_	1.	21000459	124
	Date of filing/registration in Florida	4.	_		Document number
a)	Mike Patterson				
	Registered Agent and Registered Office shown on the records of t	he Flori	da I	Dept. of Stat	_ le:
	16804 Trite Bend St				
	Registered Office Address (MUST BE FLORIDA STREET)	DDRE.	<u>S.S)</u>	<u> </u>	202
					2022 DE.C
	Wimauma	33598			
	FL.				- 19
) .	Mike Patterson				
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ıdd:	ress:	. كى اك .
	8720 Serene Retreat Ln #304				, <b>o</b>
					_
	NEW Registered Office Address:				
	Tampa	33619			_
ge Lw ve	mited liability company is not organized under the law or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	rs of the registe bility of the li	red con mit	Loffice an ipany, it i led liabilit	d the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided i
	, <b>2</b> 2			Patterson	-
nati	ure of a member or authorized representative of a member			-	Printed or typed name of signee
isie bli	y accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h	perfori Lfør in	nar CI	ice of my apter 605	duties, and I am familiar with and acc 5, F.S Or, if this document is being fi

Signature of Registered Agent