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SECRETARY OF STATE
TALLAHASSEE, FL

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TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

155 Bartram Market Dr #135-267

Address

St Johns, FL 32259

City/State and Zip Code

vivek.v77@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vivek Iyer 425 301-9551

_____ at (_____) _____
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 amount:

- ☐
- \$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.

EKK, LLC

<p>1. Name of the limited liability company: <u>EKK, LLC</u></p> <p>2. (a) <u>EKK, LLC</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>824 Windley Drive</u> <u>St Augustine, FL 32092</u> <u>11/17/2021</u></p>	<p><u>EKK, LLC</u> (b) <u>EKK, LLC</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>155 Bartram Market Dr. #135-267</u> <u>St Johns, FL 32259</u> <u>L21000494580</u></p>
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<p>3. <u>Date of filing/registration in Florida</u> <u>ZENBUSINESS INC.</u></p>	<p>4. <u>Document number</u></p>
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
336 E. COLLEGE AVE.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 301

TALLAHASSEE 32301
FL

Vivek Iyer

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

824 Windley Drive

NEW Registered Office Address:

St Augustine 32092
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Vivek V. Iyer

Signature of a member or authorized representative of a member

VIVEK IYER

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Vivek V. Iyer

Signature of Registered Agent

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TALLAHASSEE, FL