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(Requestor's Name)							
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(City/State/Zip/Phone #)							
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i.six si	— *** ***						
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							
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COVER LETTER

	egistration Section Division of Corporations		
SUBJEC	T: KANUGA DRIVE DEVELOPN	MENT LLC	
		Name of Limited I	Liability Company
Dear Sir o	or Madam:		
The enclo	sed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please ret	urn all correspondence concerning	g this matter to the	e following:
SAMUEL			
	Name of Person		
KANUGA	A DRIVE DEVELOPMENT LLC		.
	Firm/Company		
4616 S. D	IXIE HWY		
	Address		
WEST PA	ALM BEACH, FL 33405		<u> </u>
	City/State and Zip Coo	le	
	EPING@RESWPB.COM		
E-m	nail address: (to be used for future	annual report noti	fication)
For furthe	er information concerning this ma-	tter, please call:	
ALYSSA	YOUNG	at (⁵⁶¹) 835-3665
	Name of Person		Area Code & Daytime Telephone Number
N	Mailing Address:		Street Address:
	Legistration Section		Registration Section
	Division of Corporations		Division of Corporations
	O. Box 6327		The Centre of Tallahassee
Т	fallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E	nclosed is a check for the follow	ing 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.

l.	Na	me of the limited liability company: KANUGA DRIVI	E DEVI	ELC	OPMENT I	J.C		
2	(a)	4616 S. DIXIE HWY		(b)	4616 S. D	IXIE HWY		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-,		Mailing address of lir		
		WEST PALM BEACH, FL 33405	_		WEST PA	LM BEACH, FL 3	3405	
		01/05/2022	_	i	.22000013-	483		
3.		Date of filing/registration in Florida	- 4 .	_		Document numb	er	
_								
5.	(a)	Registered Agent and Registered Office shown on the records of t	he Flori	da I	Dept. of State	e:		
		FLORIDA FORECLOSURE INVESTMENTS LLC						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE:	<u>SS)</u>		_		
		300 BUTLER STREET						
		WEST PALM BEACH , FL	33407			_	7*	20
	(h)						' .	2014 2202
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	add	ress:	-	V	
		FLORIDA FORECLOSURE INVESTMENTS LLC					75 75	22 Aii
		NEW Registered Office Address:				_	<u> </u>	ώ
		4616 S. DIXIE HWY						22
		WEST PALM BEACH FL.	33405					
ch ag wa	ange ent v as/wo	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 lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liable.	s of the register bility of the li	red con mit	l office an npany, it is led liabilit	d the business off s hereby confirme y company or as on pany.	fice of the ed that the	registered change(s)
_	Signa	ture of a member or authorized representative of a member	37	\ iVI	UEL FISCI	Printed or typed nar	me of signee	
I pr the to no	here ovisi e obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I has a change.	ee to ac perforn I for in ereby	ct i nar Ch cor	n this cape nce of my c napter 605 nfirm that i	acity I further ac	aree to cor	nnly with the
Si	gnatu	re of Registered Agent						