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(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						
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COVER LETTER

DATE: 3/15/24

TO: Registration Section **Division of Corporations**

SUBJECT: KEJIS PROPERTIES LL.C

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KYRIAKOS KARAMANLIDIS
Name of Person
N/A
Firm/Company
5790 KINGSTON PL.
Address
AVE MARIA, FL 34142
City/State and Zip Code
Kejis. Properties. 11c Ogmail. E-mail address: (to be used for future annual report notification)
vin-man address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Com

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: ALRCNDY PNID

☐ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

INHS18 (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.

I. Na	ame of the limited liability company: KEJIS PR	OPERT	IES LLC			
	5790 KINGSTON PL		5790 KINGST	en pl		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address o	f limited liability company:		
	AVE MARIA, FL 34142	_	AVE MARIA	, FL 34142		
	,					
	F 2/4/2022		L 22000060	0051		
3.	Date of filing/registration in Florida	4.	Document nur	mber		
5. (a)	STEVE PAPADOPOULOS					
	Registered Agent and Registered Office shown on the records of t	he Florida De	ept. of State:			
9389 SURFBIRD CT.						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	NAPCES ,FL	3412	<u>C</u>	FILE HAR 21 PRETARY (
(b)	KYRINKOS KARAMANI-IDIS Enter name of NEW Registered Agent and/or NEW Registered	<u>'\$5</u> :	FILED DZ4 HAR 21 PN 3: 47 SECRETARY OF STATE			
	5790 KINGSTON PL					
	NEW Registered Office Address:					
RVE MARIA, FL 34142						
	, FL_					
change agent w was/we	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 liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	registered of bility comp f the limite limited liab	office and the business of the property of the bank, it is hereby confir d liability company or a lility company.	office of the registered med that the change(s) as otherwise provided in		
Signa	ture of a member or authorized representative of a member		Printed or typed	name of signee		
provisi the obl to mere	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 had in writing of this change.	performanc for in Cha ereby confi	this capacity. I further the of my duties, and I an opter 605, F.S. Or, if th firm that the limited liab	agree to comply with the n familiar with and accept is document is being filed ility company has been		
Signatu	re of Registered Agent	DKI	10: 3/13/24			