

L22 000 212 234

11/14

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

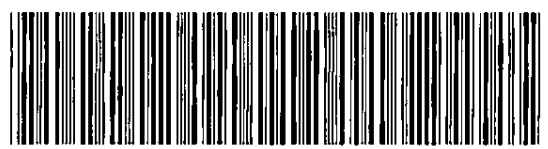
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600439546396

11/14/24--01008--019 \*\*50.00

FILED  
2024 NOV 14 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

November 4, 2024

Registration Section  
Division of Corporations  
The Center of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Re: Change of Registered Agent**

Dear Registration Section,

Please find the enclosed forms to be for the change of Registered Agent for two LLC's of which the LLC that I am manager of will now serve as the registered agent. Please find a check will the amount of \$50 to serve as payment for both filings.

TRUSTCOUNSEL



Gregory Herman-Giddens

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KingKE Management LLC

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:

Gregory Herman-Giddens

Name of Person

TrustCounsel

Firm/Company

1415 Panther Lane Ste. 534

Address

Naples, FL 34109

City/State and Zip Code

ghgiddens@trustcounselpa.com

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

For further information concerning this matter, please call:

Gregory Herman-Giddens

239

933-2097

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.*

1. Name of the limited liability company: KingKE Management LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

205 Tollgate Boulevard

Islamorada, FL 33036

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

390 Mountain Run

West End, NC 27376

May 04, 2022

L22000212234

3. Date of filing/registration in Florida

4. Document number

5. (a) Galbraith Statutory Agent, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

999 Vanderbilt Beach Road Ste. 509

Naples

FL 34108

(b) TC Agents, LLC

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

NEW Registered Office Address:

1415 Panther Lane Ste. 534

Naples

FL 34109

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.

ROSS M. WEINSHENKER

Ross M. Weinschenker

Signature of a member or authorized representative of a member

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.*

Dorey Thomas-Biddens

Signature of Registered Agent Manager, TC Agents, LLC

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**

FILED  
2024 NOV 14 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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. Name of the limited liability company: KingKE Management LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

205 Tollgate Boulevard  
Islamorada, FL 33036

390 Mountain Run  
West End, NC 27376

May 04, 2022

L22000212234

3. Date of filing/registration in Florida 4. Document number

5. (a) Galbraith Statutory Agent, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
999 Vanderbilt Beach Road Ste. 509  
Naples, FL 34108

(b) TC Agents, LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1415 Panther Lane Ste. 534  
Naples, FL 34109

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.

ROSS M. WEINSHENKER

Ross M. Weinshenker

Signature of a member or authorized representative of a member

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.*  
Bryony Herman-Biddens

Signature of Registered Agent Manager, TC Agents, LLC

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00