L22000 258320

(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:					
J. HORNE DEC 20 2022					

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09/19/22--01012--017 **25.00

COVER LETTER

TO: Registration Section Division of Corporations								
KEFL Florida Properties LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	e Change and	f fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the	following:						
Cynthia Davies								
Name of Person		nuen-es-						
Cindy's Florida LLC								
Firm/Company		<u> </u>						
8051 N. Tamiami Trail Suite E6								
Address								
Sarasota, FL 34243								
City/State and Zip Code		•						
cindy@cindysfloridallc.com								
E-mail address: (to be used for future annua	al report noti	fication)						
For further information concerning this matter, p	lease call:							
Cynthia Davies	727 at (300-0042						
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 a	mount:							
■ \$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	ame of the limited liability company: KEFL Florida Pr	roperties L	LC		
2. (a)	8051 N. Tamiami Trail STE E6	(b)	8051 N.	Tamiami Trail STE	E6
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limi	
	Sarastoa, Florida 34243		Sarastoa	, Florida 34243	
	06/06/2022	—· د	.2200025	8320	
3.	Date of filing/registration in Florida	4.		Document number	r
5. (a)	FLINT, KEVIN				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	ite:	
	701 PARK OF COMMERCE BLVD				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		_	
	BOCA RATON FI	33487			ALL ARASS
(b)	CINDY'S FLORIDA LLC				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:		9 7
	NEW Registered Office Address:				18
	8051 N. Tamiami Trail Suite E6			_	
	Sarastoa , FI	34243			
change agent v was/we the arti	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of organization or the operating agreement of the	e registered ability cor of the limi e limited li	d office ar npany, it ted liabili ability cor	nd the business official is hereby confirmed ty company or as of mpany.	te of the registered that the change(s)
	Cynthia Davies ture of a member or authorized representative of a member	Cyntl	nia Davies	s, Manager	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I d'in writing of this change.	ree to act i performa d for in Ci hereby coi	in this cap nce of my hapter 60, nfirm that	Printed or typed name oacity. I further agreed duties, and I am fau 5, F.S. ()r. if this do the limited liability	ee to comply with the
Signatu	Cynthia Davies Tre of Registered Agent				