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## COVER LETTER

**N** 1

TO: Registration Section Division of Corporations

KOHLYART LLC

SUBJECT:

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:

EUGENE KOHLY

Name of Person

KOHLYART LLC

Firm/Company

9321 SW 140 ST

Address

MIAMI, FL 33176

City/State and Zip Code

KCIMIAMI@AOL.COM

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

For further information concerning this matter, please call:

EUGENE KOHLY	786 at (	223-2936
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## Enclosed is a check for the following amount:

S25 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.

a)			(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	9321 SW 140 ST		9321 SW		
	MIAMI, FL 33176		MIAMI,FL 33176		
	6/16/2022		L22000276		
	Date of filing/registration in Florida	4.		Document number	
. (a)	NORTHWEST REGISTERED AGENT FLC				
(b)	Registered Agent and Registered Office shown on the records of	ť the Flor	ida Dept. of St	ate;	
	7901 4TH ST N STE 300				
	Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> 7901 4TH ST N STE 300			_	
	ST. PETERSBERG	L		2022	
	EUGENE KOHLY			FILED	
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registere</u>				
	9321 SW 140 ST			PH 2: 33	
	NEW Registered Office Address:			in 33	
	MIAMI, F	L <sup>33176</sup>		_	
nge nt v /we arti	imited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regist iability of the l e limite	ered office a company, it imited fiabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided i impany. ILY	
1	the of a member or authorized representative of a member	_		Printed or typed name of signee	
isi	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ity reflect a change in the registered office address. I I programmed this change.	e vertor	mance of mi	duties, and I am familiar with and acc	
fied	Mekh				

FILING FEE: \$25.00

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