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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	 	
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'L -				

## LLC REGISTERED AGENT CHANGE **K&Q UNITED LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

## 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.	Na	une of the limited liability company: K&Q UNITED LLC				
2.	(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)		
,		07/13/22		0311219		
3.		Date of filing/registration in Florida	4.	Document number		
5. (a		HATCH CREDIT, INC. Registered Agent and Registered Office shown on the records of t				
		1032 E BRANDON BLVD				
		Registered Office Address (MUST BE FLORIDA STREET A				
		#7486		202		
		BRANDON FL	33511	2023 DEC		
		Registered Agents Inc		1 1 2		
(b)		Enter name of NEW Registered Agent and/or NEW Registered				
		7901 4th St N		· —		
		NEW Registered Office Address:				
		STE 300	<del></del>			
		St. Petersburg , FL.	33702			
th ag w	e cha ent v as/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of 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	the registered oblility company f the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in		
		R. Land Same	Robin Jones	s		
_	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
pr th to	ovisi e obi mer uifie	hy accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. I have a change in the registered office address. I have a change in writing of this change.  David Roberts - Assistant Se	performance of I for in Chapte tereby confirm	s capacity. I further agree to comply with the f my duties, and I am Jamiliar with and accept r 605, F.S. Or, if this document is heing filed that the limited liability company has been		

Signature of Registered Agent