2/26/25, 8:57 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:__



LLC REGISTERED AGENT CHANGE CND-KENWOOD, LLC

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K. SALY

FFB 2 7 2025

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	CND-Kenwood, LLC					
		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered	d Office Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerni	ng this matter to the	e following:			
Mary C	Castillo					
	Name of Person					
Registe	ered Agent Solutions, Inc.					
	Firm/Company					
Corpor	ate Center One, 5301 Southwest Pkwy	. Ste 400				
	Address					
Austin,	TX 78735					
	City/State and Zip Co	ode				
E	-mail address: (to be used for futur	e annual report noti	fication)			
For fur	ther information concerning this m	atter, please call:				
Mary C	Castillo	888 at (705-7274			
	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 follo	wing amount:				
	□ \$25 Filing Fee	0 :	\$55 Filing Fee & Certified Copy			
INHS18	3 (2/14)					

O 02-26-2025 6:59 AM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					
			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	HOUSTEN, TX 77055		OUSTEN, TX 77055			
	8/2/2022	 L2:	2000339867			
	Date of filing/registration in Florida	4.	Document number			
/a\	CORPORATION SERVICE COMPANY					
(a)	Registered Agent and Registered Office shown on the records of	f the Florida De	pt. of State:			
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREE)	ADDRESS)				
	TALLAHASSEE	L_32301		2025 FE		
(b) _	Registered Agent Solutions, Inc.	<u> </u>		MELLAHASSEE HOOM	ī	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	<u></u>		Ţ	
	2894 Remington Green Ln.		·	4 3: 2 Fi (5-)	ţ	
	NEW Registered Office Address:			τ (Δ		
	Ste. A					
	Tallahassee F	L_32308				
nange - gent w ras/wei	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited la re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered of iability comp of the limited	ffice and the business office any, it is hereby confirmed t I liability company or as oth	of the registered that the change(s	d)	
e artic						

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.

Mackenzie Hibler, Asst, Secretary Signature of Registered Agent