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(Requestor's Name)

(Address)

(Address)

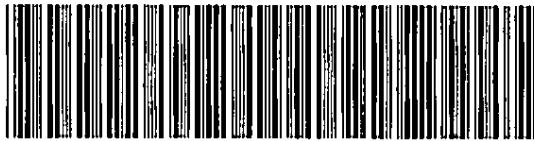
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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MATERIALS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CKL 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:

Charles Keagan Langhorne

Name of Person

CKL LLC

Firm/Company

81 south Pine av

Address

Umatilla FL 32784

City/State and Zip Code

Keaganlanghorne@gmail.com

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

For further information concerning this matter, please call:

Keagan Langhorne	352	459-6405
<u>Name of Person</u>	<u>at (</u>	<u>) Area Code & Daytime Telephone Number</u>

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: CKL LLC

2. (a) 81 south Pine Av. (b) 81 South Pine Ave.

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Umatilla FL 32784

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Umatilla FL 32784

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

5. (a) 8-3-22

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

UNITED STATES CORPORATION AGENTS, INC

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

5575 SOUTH SEMORAN BLVD Suite 36

ORLANDO 32822, FL

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

Charles Keagan Langhorne

NEW Registered Office Address:

81 south Pine av

Umatilla 32784, FL

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.

Charles Keagan Langhorne

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.

Keagan Langhorne
Signature of Registered Agent

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