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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:				

LLC REGISTERED AGENT CHANGE **KYMH LLC**

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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.

i. 8	Same of the limited liability company: KYMH ELC						
2. (a)		(b)	Mailing address of limited liability company:				
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)				
	09/07/2022	_	000390285				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a) LEGALINC CORPORATE SERVICES INC.						
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	476 HIVERSIDE AVE.						
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	FILED TALLYMASSEL FLORID					
	JACKSONVILLE FL	32202	P-9 F				
	Registered Agents Inc		事まし				
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	100				
	7901 4th St N						
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg	33702					
the cl agent was/v the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered ability compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.				
Sign	ature of a member of authorized representative of a member	——————————————————————————————————————	Printed or typed name of signee				
I her provi the ol to me	eby accept the appointment as registered agent and agisions of all statules relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	ree to act in the performance ad for in Chap hereby confir	his capacity. I further garee to comply with the				
Signal) Ord Sorry S David Roberts - Assistant S	Secretary					