L22000395807

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	J DENNIS			
	SEP 10 2023			
	•			
· <u> </u>				





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COVER LETTER

TO:	Registration Section Division of Corporations		•
SUBJE	Khelle LLC CCT:		
		ame of Limited	Liability Company
Dear S	r or Madam;		
The end	closed Registered Agent/Registered C	Office Change and	d fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	e following:
Kelsey	Gazaway		
	Name of Person		
Khelle l	J.C		
	Firm/Company		
2257 1.i	ncoln Sendero Trail		
-	Address		
Jackson	ville, FL 32218		
	City/State and Zip Code		
kgaz410	9@ gmail.com		
E-	mail address: (to be used for future a	nnual report noti	fication)
For furt	her information concerning this matte	er, please call:	
Kelsey (iazaway	904 at (868-5247
	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 following	ng amount:	
	■ \$25 Filing Fee	□ s	555 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)	2257 Lincoln Sendero Trail		(b) 2257 Linco	oln Sendero Trail
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Aniling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jacksonville, FL 32218	_	Jacksonvill	e, FL 32218
	8/11/2023	_	L220003958	07
	Date of filing/registration in Florida	4.		Document number
(a)	UNITED STATES CORPORATION AGENTS, INC			
()	Registered Agent and Registered Office shown on the records of 5575 South Sermoran Blvd			-
	Registered Office Address <u>(MUST BE FLORIDA STREET /</u> Suite 36	<u>100,000.</u>	- -	2023 AUG 14
	Orlando	32822		UG TA
b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 2257 Lincoln Sendero Trail	Office :	iddress:	M 9: 47
	NEW Registered Office Address:			_
	Jacksonville, FL	32218		-
nge nt v	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of the li	red office and company, it is mited liability	I the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in
arti			lsey Gazaway	
arti		Ve	ise y common dy	
arti gna e <i>rei</i>	hurd a induite or authorized representative of a member by accept the appointment as registered agent and agr	ee to a	et in this capa	Printed or typed name of signee activ. I further agree to comply with th buties, and I am familiar with and acce
gna gna erei visi obl	· · · · · · · · · · · · · · · · · · ·	ee to a perforr l for in	et in this cape nance of my c Chapter 603	ucity. I further agree to comply with the luties, and I am familiar with and acce J.F.S. Or, if this document is being file

FILING FEE: \$25.00

TMHSTR (2/La)