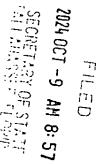
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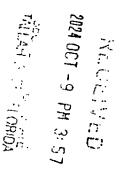
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	(Address)				
'	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
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ı	(Business Entity Name)				
	(Document Number)				
	(Doddinon Hambor)				
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STATEMENT 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. Na	me of the limited liability company: KLAA LLC			***
2. (a)	114 NE 1ST AVENUE DELRAY BEACH, FL 33444	_ (b	114 NE	1ST AVENUE DELRAY BEACH, FL 33444
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_		
	09/22/2022		L2200041	5033
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of th			_ .
		ne Florida	Dept. of Sta	ite:
	ELK, SCOTT A			_
	Registered Office Address (MUST BE FLORIDA STREET A.	<u>DDRESS</u>	!	
	1900 NW CORPORATE BLVD. SUITE E201			. S. 20
	BOCA RATON .FL	33431		FILED 2024 OCT -9 AM SECRETARY OF ST
				25 T T
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ade	leas:	FILED TARY OF STATE TARY OF STATE
	Talet hane of 19159 Registered Agent allows 19159 Registered v	mic ago	11044	SI T
	Corporation Service Company			1 8: 56
	NEW Registered Office Address:			_ · · · · · · · · · · · · · · ·
	1201 Hays Street			nua.
	Tallahassee FI 3	32301		
change agent v was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	egistere pility con the lim imited li	d office ar npany, it i ted liabili ability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	ture of a member or authorized representative of a member			Printed or typed name of signee
I herel provisi the obl. to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a change in the registered office address, I he I'in writing of this change.	erforma for in C ereby co	nce of my hapter 60, nfirm that	oacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 F1LING FEE: \$25.00