Florida Department of State

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.

(((H23000416529 3)))



H230004165293ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

ļ	PH 3: 2	A STATE OF THE PROPERTY OF THE
2		
*	တို့ ပဲ	DEPLATITURE AVISION OF STATEMENT OF STATEMEN
- -	PR DEC	1500 T
J.	6	Ö⋛产

Enter the email address for this business entity to be used for future the contract of the con Address:____

LLC REGISTERED AGENT CHANGE KITTEN'S KREATIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



Electronic Filing Menu Corporate Filing Menu

Help

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.

l. Na	me of the limited liability company: Kitten's Kreations I	LLC					
2. (a)	406 Eagle Dr		(b)				
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Poinciana,Florida (US)34759	_					
	11/3/2022 12:00:00 AM		1.22000472	2855			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	LEGALING CORPORATE SERVICES INC.						
J. (u)	Registered Agent and Registered Office shown on the records of the 476 Riverside Ave. Registered Office Address (MUST BE FLORIDA STREET A)	ate:					
	Jacksonville , FU	32202		_	21		
	Corporate Creations Network Inc.			-	7 DEC -		
(b)	Enter name of NEW Registered Agent and/or NEW Registered 6	Office #	ddress:		EC 7		
	801 US Highway I			.*	o []		
	NEW Registered Office Address:) PH 2: 32		
	North Palm Beach , FL	33408			2		
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of f the li	red office a company, it mited liabili	nd the business office of is hereby confirmed that ity company or as othery	the registered the change(s)		
	(No.)	ssman, Special Manager					
-	ture of a member of authorized representative of a member			Printed or typed name of s			
provisi the obli 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 ely reflect a change in the registered office address. I ha I in writing of this change.	perforn I for in ereby (nance of mi Chapter 60 confirm that	duties, and I am familia 15, F.S. Or, if this docun 1 the limited liability con	o comply with the or with and accept nent is heing filed apany has been		
Signatur	re of Registered Agept	Sossm	an, Specia	I Secretary			