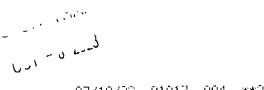
Laa000527834

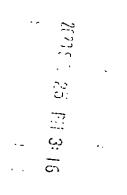
| (Requestor's Name) |
|--|
| (requesters a reality) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: 09125/23 |
| wrong torm |
| Office Use Only |



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07/10/23--01017--004 **35.00







August 16, 2023

KATHERINE WEBER 213 MILLET PLACE NOKOMIS. FL 34275 US

SUBJECT: KEW CONSULTING, LLC

Ref. Number: L22000527834

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Letter Number: 323A00018785

Summer Chatham Regulatory Specialist III Director's Office

www.sunbiz.org

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: KEW Consulting LLC Name of Limites | Doc No.: L1000 527834 d Liability Company |
|--|---|
| Dear Sir or Madam: | a zmonny company |
| | |
| The enclosed Registered Agent/Registered Office Change a | and fec(s) are submitted for filing. |
| Please return all correspondence concerning this matter to t | he following: |
| | |
| Kasherine Water | |
| Katherine Weber Name of Person | |
| | |
| KEW Consulting LLC | |
| F#m/Company | |
| 213 Millet Place | |
| Address | |
| | |
| NoYomis, FL 34275 City/State and Zip Code | |
| City/State and Zip Code | |
| We her X+11@ amail . Com E-mail address: (10 be used for future annual report no | |
| E-mail address: (167be used for future annual report no | otification) |
| For further information concerning this matter, please call: | |
| V .1 \\0.1 | 1 000 0 |
| Name of Person at (94 | Area Code & Daytime Telephone Number |
| Mailing Address. | Church Adduson |
| Mailing Address: Registration Section | Street Address: Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32303 |
| Follows about 6 at 6 House and 6 |) |
| Enclosed is a check for the following amount: | treviously remitted a check for \$35.00 with the inconfection |
| □ \$25 Filing Fee | Previously remitted a check for \$35.00 with the incorrection see enclosed Correspondence. 1 S55 Filing Fee & Certified Copy Latter No. 323A00018785 |
| INHS18 (2/14) | |

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. N | ame of the limited liability company: | KEW Consulting | LLC | |
|-----------------------------|---|--|---|---|
| | 213 Millet Place, NoYom's Principal office address of limited liability (Note: MUST BE STREET ADD.) | ty company: | 213 Millet Place, No Mailing address of li | Fomis, FZ 34275 mited liability company: POST OFFICE BOX |
| | Filed Dec. 14, 2022, Ellective | Jan. 1, 2013 | 22000 527 E | 334 |
| 3. | Date of filing/registration in Flo | orida 4. | Document numb | oer |
| 5. (a) | Registered Agent and Registered Office shown of | on the records of the Florida Dep | nt. of State: | \2 \. |
| | | RIDA STREET ADDRESS) | | _ |
| | 900000000000 1266 150 | + Street Suite 9 | | 2; |
| | | , FL <u>3423(</u> 6 | | <u> </u> |
| | | , rt. <u>J 165(0</u> | | - <u>w</u> , |
| (b) | | | | · Ci |
| | Enter name of <u>NEW Registered Agent</u> and/or N | SEW Registered Office addres | <u>s</u> : | |
| | Latherine Weber (sam | <u> </u> | | |
| | NEW Registered Office Address: | | | |
| | 23 millet Place (N | lew) | | |
| | No Vonis | , FL <u>3427</u> | 5 | |
| change agent was/w | limited liability company is not organized or changes are made, the Florida street a will be identical. Or, in the case of a Floriere authorized by an affirmative vote of ticles of organization or the operating agree | address of the registered o rida limited liability compa the members of the limited cement of the limited liabi | ffice and the business of any, it is hereby confirm I liability company or as lity company. | fice of the registered ed that the change(s) otherwise provided in |
| Signa | ature of a member or authorized representative of a | ı member | Printed or typed na | me of signee |
| provis the ob- to mer | by accept the appointment as registered of the proper of all statutes relative to the proper of the | agent and agree to act in t and complete performance int as provided for in Chap ce address, I hereby confit | this capacity. I further a e of my duties, and I am j oter 605, F.S. Or, if this rm that the limited liabili | gree to comply with the familiar with and accept document is being filed ty company has been |
| Signati | re of Registered Agent | | | |