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(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
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(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations		·		
KATHRYN TEDESCO LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	d Office Change and	fec(s) are submitted for filing.		
Please return all correspondence concerni	ng this matter to the	following:		
KATHRYN TEDESCO				
Name of Person				
Firm/Company				
17822 Hither Hills Circle				
Address				
Winter Garden, FL 34787				
City/State and Zip Co	ode			
ktsellsflorida@gmail.com				
E-mail address: (to be used for futur	e annual report notif	ication)		
For further information concerning this m	atter, please call:			
Kathryn Tedesco	321 at (247-8097		
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 follo	wing amount:			
■ \$25 Filing Fee	□ \$3	55 Filing Fee & Certified Copy		

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: KATHRYN TEI	ESCO I	LLC	
2. (a)			(b)_	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	17822 Hither Hills Cir		1	17822 Hither Hills Cir
	Winter Garden, FL 34787		\ -	Winter Garden, FL 34787
	02/27/2023		L2	23000103661
3.	Date of filing/registration in Florida	4.		Document number
5. (a)			
(Registered Agent and Registered Office shown on the records of Kathryn Tedesco	the Flori	da D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	SS)	
	204 Covered Bridge Dr		_	
	Ococe , F	34761		2023 JUN -9 SECRETAR TALLAHA
				JUN-9 PH OF SEE
(b)	Enter name of NEW Registered Agent and/or NEW Registere	1 () ((1)		TARY OF RESERVE
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	<u> agar</u>	SSE 3
	Kathryn Tedesco			· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:			
	17822 Hither Hills Cir	- · - ·		
	Winter Garden, F	34 7 87		
chang agent was/w the arriverse sign l here provise the obto men	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the attree of a member of authorized representative of a member why accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change.	ws of the register ability of the limited Hamilton Hamilt	ered com- mite I liab athry	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. In Tedesco Printed or typed name of signee This canacity. I further agree to comply with the