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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: RENDERTAL CON Name of Lin	nited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter	to the following:						
FWana Guillaume Name of Person							
Kendered Cave Firm/Company							
521 New Horizon loop Address							
Auburndale # 3362 City/State and Zip Code	3						
E-mail address: (to be used for future annual repor	Ou_ t notification)						
For further information concerning this matter, please ca	all:						
FWana Gullaune at (E) 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 amount:							
\$25 Filing Fee	☐ \$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. Name of	the limited liability company: <u>Kend</u>	Pre	d (c	are	LLC	
2. (a) _ 7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>521</u> M	ailing address of	Hovi7- of limited liability of the POST OFFICE	
_,,,,	ointer Have, FL	_	AUSL	yn de	ale, E	<u>L</u>
	3388)		3	382	<u>}</u> _	
3.	O4/03/2023 Date of filing/registration in Florida	 4.	L 23	OO O	16 47, mber	3/
5. (a) Registe	ered Agent and Registered Office shown on the records of	the Florida	Dept. of State:			
Eegist	THE HOVE HOVE LOSS CHICAGO OF THE PROPERTY OF	DDRESS	<u></u> !		2823 MA	71
(b) Enter n	Mburndale ,FL Norman Se Redon'S name of NEW Registered Agent and/or NEW Registered	33	853 Iress:		YII PH I:4	ILED
	Registered Office Address:) p			P -	
 _A	uburndale, FL	339	123			
change or cha agent will be was/were auth the articles of	liability company is not organized under the law anges are made, the Florida street address of the identical. Or, in the case of a Florida limited lia horized by an affirmative vote of the members of forganization or the operating agreement of the	registere bility cor f the limi	d office and (npany, it is h ted liability (ability comp	the business tereby confirmation or a company or any.	office of the reg med that the ch as otherwise pro	gistered ange(s) ovided in
Signature of a	member or authorized representative of a member		EWAM	rinted or typed	name of signee	ne
I hereby acce provisions of the obligation to merely refl notified in wr	ept the appointment as registered agent and agr all statutes relative to the proper and complete is of my position as registered agent as provided ect a change in the registered office address, I h iting of this change.	ee to act i performa I for in Ci ereby co	in this capac nce of my du hapter 605, l nfirm that the	ity. I further ties, and I ar F.S. Or, if th e limited liab	r agree to compo m familiar with his document is hility company h	ly with the and accept being filed as been
Signature of Re	rgistered Agent					