Florida/Daparangnt of State Edivision of Corporations Edictropic of Ring Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

on**Enter: the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

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| 45 | | | | |

LLC REGISTERED AGENT CHANGE KDM FLORIDA LLC

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

K. SALY SEP 1 0 2024

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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 Standes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| L N | ame of the limited liability company. | | | |
|----------------------------|---|---|--|--|
| 2. (a) | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | | | | |
| | 05/01/23 | L2300 | 00220815 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | WARD, DAVID C | | | |
| 2. (6) | Registered Agent and Registered Office shown on the records of | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | TIL SEP | | |
| | 4203 INDIAN BAYOU TRL | | | |
| | DESTIN FL | | | |
| (b) | Registered Agents Inc | | THE FLET | |
| 1177 | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office address: | | |
| | 7901 4th St N | | 3. | |
| | NEW Registered Office Address: | | · | |
| | STE 300 | | | |
| | St. Petersburg , F1. | 33702 | | |
| the chagent was/w | imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of the office of the members of the operating agreement of the | the registered ability compar of the limited I | I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in | |
| | thelder peray | Robin Jon | | |
| Signi | nure of a member or duffinized representative of a member | | Printed or typed name of signee | |
| provis the ob to mer | by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. It is in writing of this change. David Roberts - Assistant Se | performance of for in Chapt dereby confirmation | is capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605, F.S. Or, if this document is being filed in that the limited liability company has been | |

Signature of Registered Agent