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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

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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LLC REGISTERED AGENT CHANGE KEVIN'S SOLUTION LLC

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

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5/16/2024 07:14:07 PDT To: 18506176383 Page 2/2 Fax: 8134365206

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: KEVIN'S SOL | UTION LLC | | |
|--|--|--|--|---|
| 2. (a) | | (b) | 1 | |
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0 | / - | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | | | |
| | 05/22/2023 | I | _2300025 | 0052 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | ZenBusiness Inc. | | | |
| | Registered Agent and Registered Office shown on the records of | of the Florida | Dept, of Sta | nte: |
| | 336 E. College Ave. | | | - 7 |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRESS) | ! | - 17AL |
| | Suite 301 | | | THE T |
| | Tallahassee | 32301 | | TALLAHASSEE |
| | | | | |
| (b) | REGISTERED AGENTS INC | | | |
| | Enter name of NEW Registered Agent and/or NEW Register | ed Office add | lress: | M 2: 24 |
| | 7901 4TH ST N | | | |
| | NEW Registered Office Address: | | | |
| | STE 300 | | | _ |
| | ST. PETERSBURG | FL. <u>33702</u> | | _ |
| chang agent was/w the art | limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members ticles of organization or the operating agreement of the first organization. | he registered liability con s of the limi ne limited li | d office ar npany, it i ted liabili ability cor | nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in |
| 1 1/20 | ature of a member or authorized representative of a member | | n Jones | Printed or typed name of signee |
| I hero provis the ob- to mer notifie | thy accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provided you reflect a change in the registered office address, and in writing of this change. | gree to act le performa led for in C I hereby co. | in this cap nce of mv hapter 60, nfirm that | pacity. I further agree to comply with the |
| | UNDERTS David Roberts ure of Registered Agent | | | |