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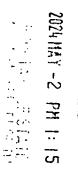
(Re	equestor's Name)					
(Ac	ddress)					
(Ac	ddress)					
(Ci	ty/State/Zip/Phone #)					
PICK-UP	☐ WAIT ☐ MAIL					
(Bı	usiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to	Filing Officer:					
	MAY 22 2024					

Office Use Only



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05/02/24--01035--014 **25.00



COVER LETTER

	egistration Section vivision of Corporations		• ·
SUBJEC	: KuDous	LLC Name of Limited Lia	ability Company
Dear Sir c	or Madam:		
The enclo	sed Registered Agent/Register	ed Office Chanve and f	ee(s) are submitted for filing
	urn all correspondence concert	_	· · · · · · · · · · · · · · · · · · ·
r lease rec	an an correspondence concert	mig this matter to the it	Showing.
_Ku	rt Keeping Name of Perso	 1	
Ku	Dous LLC Firm/Company		_
370	2 W. Sprex Address	ce #1650	_
TAT	MPA FL City/State and Zip (33607 Code	_
Kue E-m	dous LLC @ G	emall. Course annual report notific	cation)
For further	er information concerning this	matter, please call:	
Kur	Heeping Name of Person	at (<u>813</u>) 618 - 2025 Area Code & Daytime Telephone Number
R D P	Mailing Address: Registration Section Division of Corporations 2.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E	Enclosed is a check for the fol	lowing amount:	
'n	\$25 Filing Fee	□ \$5	5 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. Na	ame of the limited liability compa	any: KuDou	s LLC			
2. (a)	3702 W. Spruce Principal office address of limi (Note: MUST BE STRE	ted liability company:		Mailing address of l	imited liability	
	Tampa FL	33607	Tou	upa F	<u>:L 3</u>	3607
3.	Date of fring/registrati	2023 on in Florida	<u></u>	OOO 263		
5. (a)	Legal Corp Sala Registered Agent and Registered Office	e shown on the records of th	C ne Florida Dept. of State	- e:		
	Registered Office Address (MUST	wood Blue	\	-	2024 HAT -2 TH	77
	Suite 415			-		LE
	Hollywood	, FL_	33021	-		
(b)	Kurt Keepik Enter name of NEW Registered Agen		Office address:	_		55
	3702 W. Spr NEW Registered Office Address:	voe #1650	>	-		
	Toumpa	, FL_	33607	-		
change agent v was/w	imited liability company is not of c or changes are made, the Florid will be identical. Or, in the case ere authorized by an affirmative icles of organization or the opera	a street address of the r of a Florida limited lial vote of the members of	registered office an bility company, it is the limited liabilit imited liability con	d the business of the business	ffice of the rened that the control of the control	egistered :hange(s)
Signa	ture of a member or authorized foreser	ntative of aynember	Kurt	Printed or typed n	ame of lignee	
I here provisi the obi to mer	by accept the appointment as regions of all statutes relative to the ligations of my position as registely reflect a change in the registed in yriting of this change	gistered agent and agre	e to act in this cape performance of my	acity. I further a duties, and I am	agree to com familiar wit	h and accent
Signati	fre of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00