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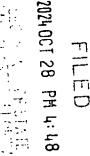
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	KB Creations		
		l Liability Company	
Dear Si	r or Madam:		
The enc	closed Registered Agent/Registered	Office Change a	nd fec(s) are submitted for filing.
Please r	return all correspondence concernir	ng this matter to the	he following:
Keith Be	eckworth		
	Name of Person		
	Firm/Company		
9529 Co	ounty Road 125C		
	Address		
Wildwo	od, Fl. 34785		
	City/State and Zip Co	de	
kbereati	onsflorida@gmail.com		
E-	mail address: (to be used for future	annual report no	tification)
For furt	her information concerning this ma	itter, please call:	
Keith Be	eckworth	256 at (5993182
	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 follow	ving amount:	
	■ \$25 Filing Fee	0	\$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.

(a)	9529 County Road 125C	9529 County Ro (b)		9529 Cou	nty Road 125C
(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) F1, 34785
	Wildwood, Fl. 34785				, rt. 34783
	July 5, 2023		ļ	.230003181	170
	Date of filing/registration in Florida	4.	-		Document number
(a)					
(4)	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of Stat	<u>-</u> e:
	United States Corporation Agents 3NC				دے
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)		-
	476 Riverside Ave				8 T
	Jacksonville	32202	<u>-</u>		2024 OCT 28 PH 4: 48
	, F1				- - 2 C
(b)					The second secon
(/	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office	add	re. '	- 5
	Keith Beckworth				\$2.40
	NEW Registered Office Address:	•			_
	9529 County Road 125C				-
	Wildwood . F)	34785	5		
					-
inge ent w s/we	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lister authorized by an affirmative vote of the members of organization or the operating agreement of the	regist ability of the l	ere cor limi	l office and npany, it is ted liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
1	2/2/10	K	eith	Beckworth	
ignat	ure of a member or authorized representative of a member				Printed or typed name of signee
visio obli nere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the regist.: A office address. It is writing of this change.	ree to a perfor d for it hereby	act i ma n C. coi	n this cape nce of my e haver 605 ifirm that i	acity. I further agree to comply with the duties, and I am familiar with and acce , F.S. Or, if this document is being file the limited liability company has been