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COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: KLB LLC			
Name of Limited Liability Company			
Dear Sir or Madam:	,		
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
KUNT BUDDE Name of Person	_		
KLB LLC Firm/Company			
380 SEAVIEW COUNT #203 Address	_		
MARCO ISCAND, FLORIDA, 34/4. City/State and Zip Code	2		
E-mail address: (to be used for future annual report notific	ation)		
For further information concerning this matter, please call:			
Name of Person at (815) 671-0044 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		

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOILIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. 1	Name of the limited liability company: <u>KLB</u> LLC	
, (Principal office address of limited liability company: M (Note: MUST BE STREET ADDRESS)	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	380 SEAVIEW COUNT 380	SFAVIRW COUNT
	MARCO ISCAND, FC, 34145 MANO.	FSLAND, FL, 34145
	<u>08/03/2023</u> <u>L23</u>	600 365 925
3.		Document number
5 (
(¢	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (AR) (Sub) Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2024 APR
	369 JACARANDA DR PLANTATION, FL, BBY. FL. 3332Y	22 11 9:
(b	Enter name of NEW Registered Agent and/or NEW Registered Office address:	34
	NEW Registered Office Address:	
	7380 SEAUTEW COUNT	
	MANCO ISLAND, FL, FL. 34145	
ehang agent was/v the a	Elimited liability company is not organized under the laws of the State of Florige or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited liability rticles of organization or the operating agreement of the limited liability company.	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	nature of a member or authorized representative of a member	Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent and agree to act in this capac sions of all statutes relative to the proper and complete performance of my di bligations of my position as registered agent as provided for in Chapter 605, rely reflect a change in the registered office address. I hereby confirm that the ed in writing of this change.	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed to limited liability company has been
Signa	ture of Redistered Agent	