## L23000417766

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
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## COVER LETTER

TO:	Registration Section Division of Corporations							
CHID II	KF Holdings 2, LLC							
SUBJ	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.					
Please	return all correspondence concerning	g this matter to the	e following:					
Donald	I J. Kipnis							
	Name of Person		<del>_</del>					
KF Ho	ldings 2, LLC							
	Firm/Company		<del></del>					
2333 B	rickell Avenue, Terrace C							
	Address		<del></del>					
Miami,	FL 33129							
	City/State and Zip Coo	le	<del></del>					
donald(	@dssconsultants.com							
Е	-mail address: (to be used for future	annual report not	ification)					
For fun	ther information concerning this ma	tter, please call:						
Donald	J. Kipnis	786 at (	201-2870					
	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	inclosed is a check for the following amount:						
	□ \$25 Filing Fee	ũ	\$55 Filing Fee & Certified Copy					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

The same of the sa

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.

ı Na	me of the limited liability company: KF Holdings 2, LLC				
	2333 Brickell Avenue	(	b)_	2333 Brio	kell Avenue
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)
	Теттасе С		ī	Terrace C	
	Miami, FL 33129		<u></u>	Aiami, FL	. 33129
	09/07/2023		L2	30004177	766
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	Thomas O. Wells, PA				203
J. (a)	Registered Agent and Registered Office shown on the records of the	Florida	a De	pt. of State	시크 <b>연</b> 및
	Registered Office Address (MUST BE FLORIDA STREET ADI	DRESS	2		
	901 Ponce de Leon Blvd., Suite 200				PH 12:
	Coral Gables , FL 33	134			PM 12: 32
	Corporate Access, Inc.				. 10
,	Enter name of NEW Registered Agent and/or NEW Registered Off	fice ado	dres	<u>s</u> ;	
	NEW Registered Office Address:				
	236 E. 6TH AVE.	<del></del> .			
	TALLAHASSEE , FL 323	303			
change agent w was/we	mited liability company is not organized under the laws of or changes are made, the Florida street address of the regulil be identical. Or, in the case of a Florida limited liability reauthorized by an affirmative vote of the members of the less of organization or the operating agreement of the limited.	istered ity con e limi ited lia	d of npa ited abil	ffice and my, it is t liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/1/signati	are of a member or duffor ded representative of a member		. , 🕶 💆	•	Printed or typed name of signee
provisio The obli To mere	y accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perf gations of my position as registered agent as provided for ly reflect a change in the registered office address. I here, in yniting of this change.	o act i forma r in C'i by coi	in ti nce hap ufir.	his capac of my du ter 605, i m that th	ity. I further agree to comply with the ities, and I am familiar with and accept F.S. Or, if this document is being filed c limited liability company has been

Signature of Registered Agent