

L23 000 479 31.5



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

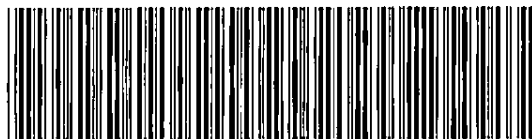
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800420518728

12/27/23--01019--011 \*\*25.00

FILED

2023 DEC 27 PM 4:35

CLERK OF STATE  
TALLAHASSEE, FL

**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. Name of the limited liability company: Kennedy Management and Consulting LLC

2. (a) Kennedy Management and Consulting LLC (b) Verna & Associates

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

23422 Barlake Drive

Boca Raton, FL US 33433

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

105 Jessup Road

West Deptford NJ US 08086

October 18, 2023

L23000479365

3. Date of filing/registration in Florida

4. Document number

5. (a) John M Kennedy

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

23422 Barlake Drive, 105 Jessup Rd

Boca Raton, FL 33433

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

John M Kennedy

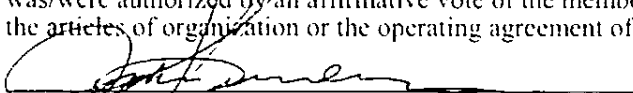
NEW Registered Office Address:

23422 Barlake Drive

Boca Raton, FL 33433

FILED  
2023 DEC 27 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

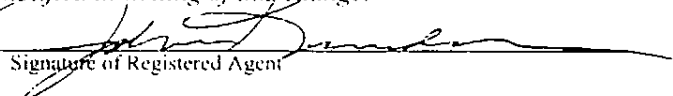
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

John M Kennedy

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kennedy Management and Consulting LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Lamb

\_\_\_\_\_  
Name of Person

Verna & Associates

\_\_\_\_\_  
Firm/Company

105 Jessup Rd

\_\_\_\_\_  
Address

West Deptford NJ 08086

\_\_\_\_\_  
City/State and Zip Code

llamb@verna.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Lamb

856

384-8400

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy