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To:			
	Division of	Corporations	
	Fax Number	: (850)617-6383	
From:			

Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE KGRAY HOLDINGS LLC

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COVER LETTER

TO: Registration Section Division of Corporations

KGRAY HOLDINGS 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:

Alicia Richards

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, TX 78735

City/State and Zip Code

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

For further information concerning this matter, please call:

Alicia Richards	888 705-7274 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amou

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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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.

Na	me of the limited liability company:			
(a)	120 NE 4TH ST	(120 NE 4T	'H ST
. /	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		N	Aailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	PH1408		PH1408	
	FORT LAUDERDALE, FL 33301		FORT LAU	JDERDALE. FL 33301
	1/10/2024		L240000243	52
	Date of filing/registration in Florida	4.		Document number
(a)	GRAY, KEVIN			
	Registered Agent and Registered Office shown on the records of 120 NE 4TH ST	of the Florid	la Dept. of State	
				- 3
	Registered Office Address (MUST BE FLORIDA STREE	ADDRES	52	1 Mar
	Registered Office Address [MUST BE FLORIDA STREE] PH1408	TADDRES	2	INTS JN
		T <u>ADDRES</u> 1.1.33301	<u></u>	P11-6
(b)	PH1408 FORT LAUDERDALE, F Registered Agent Solutions, Inc.	L_33301		PUTS JAH -6 AH 8
(b)	PH1408 FORT LAUDERDALE, F	L_33301		FILED AH 8:31
(b)	PH1408 FORT LAUDERDALE, F Registered Agent Solutions, Inc.	L_33301		2025 JAH -6 AH 8: 31
(b)	PH1408 FORT LAUDERDALE, F Registered Agent Solutions, Inc. Enter nume of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	L_33301		FILE AH 8:31
(b)	PH1408 FORT LAUDERDALE, F Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 2894 Remington Green Ln.	L_33301		FILED AH 8: 31

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.

1st Kerin Gray	Kevin Gray	Manager	
Signature of a member or authorized representative of a member		Printed or typed name of signee	~~~

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.

Mackenzie Hibler. Asst. Secretary

Signature of Registered Agent

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