24000145340

(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:
11 mills

Office Use Only



800427722798

ore (紹介紹介外:01(116--00) \$25.00



COVER LETTER

Division of Corporations	_	
SUBJECT: KBSIONE, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
ELias KANA, Name of Person	<u>an</u>	
Firm/Company		
34 WINSTON J) ri Vp	
Bellegir, FL City/State and Zip Code	33756	
City/State and Zip Code SLIGS & Mas and Ol E-mail address: (to be used for future annual report	mal L - (OM)	
For further information concerning this matter, please ca	ill:	
S(105 Kandam at (727, 5422698 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	
INHS18 (2/14)		

STATÉMENT 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.

١.	Nai	me of the limited liability company: KBSTONE, LLC
2	(a)	(b)
<u>.</u>	(a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		34 WINSTON Drive
		Belleair, FL 33756
		03-25-2024 <u>L 24000/45340</u>
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	24 CAT LLC
	()	Pagistaryd Agant and Registered Office shown on the records of the Florida Dent, of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite # 10
		OLDSMARFL_3467+
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		~ ^
		34 Winston Drive
		NEW Registered Office Address:
		
		Belleair 53756
ch ag wa the	ange ent w is/we arti	or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. Frinted or typed name of signee
		•
pr the to	ovisi 2 obl merc	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change.

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

Signature of Registered Agent