L24000390228

(Requestor's Name)							
(Address)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Ret 11/6/24



COVER LETTER

	egistration Section livision of Corporations	
SUBJEC	K6 ENTERPRISES LLC	
SODIEC	T:Name of L	Limited Liability Company
Dear Sir o	or Madam:	
The enclo	osed Registered Agent/Registered Office Cha	nange and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter	ter to the following:
DEREK K	KIRBY	
<u> </u>	Name of Person	
K6 ENTE	RPRISES LLC	
	Firm/Company	
762 NW E	BRADY CIR	
	Address	
LAKE CI	TY FL 32055	
	City/State and Zip Code	
	RPRISESLLC@GMAIL.COM	
E-ii	nail address: (to be used for future annual rep	port notification)
For furthe	er information concerning this matter, please	se call:
DEREK I	ζIRBY at (386 623-9651
	Name of Person	Area Code & Daytime Telephone Number
F F F	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
I	Enclosed is a check for the following amou	unt:
Ģ	S25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 ((2/14)	

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.

i. Na	me of the limited liability company: K6 ENTERPRISE	S LL	C				····
2. (a)	762 NW BRADY CIR LAKE CITY FL 32055		(b) 62 NW BRADY CIR LAKE CITY FL 32055				2055
s. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			3	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	9/6/202-1		l.	.240003902	228		
3, 5. (a)	Date of filing/registration in Florida ZENBUSINESS INC.	- 4,			Document numb	oer .	
. (1)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Registered Office Address <u>(MUST BE FLORIDA STREET)</u> 336 E. COLLEGE AVE.SUITE 301 TALLAHASSEE	4DDR	ESS)		_		
		3230	1		- -		24
(b)	DEREK KIRBY	_			_		24 857 -6
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	e add	ress:		· · · · · ·	
	NEW Registered Office Address:				-	. HOMBA	£ 5
	762 NW BRADY CIR LAKE CITY				_	3	ယ်
	. FI	3205	5				
change agent i was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like or authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regis ability of the limit	stere y cor limi ed li	d office an npany, it i ted habilit	id the business of s hereby confirm by company or as inpuny.	ned that the	registered change(s)
	unre of a member or authorized representative of a member	-	•		Printed or typed no	ame of signee	
provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dim writing of this change.	perjo d för	irma in C	nce oj mv hanter 60'	aunes, una ram 5 FS Or if this	i document	in una accept is beine filed
Signali	ire of Registered Agent						