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(Req	uestor's Name)					
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JUN 2 9 2017

Y SULKER

CSC

CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

.

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: June 23, 2017

Order#: 694899-018

Re: KMB DESIGN GROUP LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX ____ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liability company:	KMB DESIGN C	ROUP, L	LC				
2.	(a)	1800 ROUTE 34 SUITE 209			1800 ROUTE 34, SUITE 209				
	()	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		_ (*/-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		WALL, NJ	07719		WALL, NJ 07719		· · · ·		
		09/22/2008			M08000004288				
3.		Date of filing/registration in	n Florida	4.	Document number				
5.	(a)	BUSINESS FILINGS INCORPOR	RATED						
5.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		1200 SOUTH PINE ISLAND ROA	D						
		Registered Office Address (MUST BE)							
						Āe			
		Plantation	, FL_	33324		E CRETA	7 JUN 27	2017 82 y - 904 - 904	
	(b)	Corporation Service Company				SSE	Ĩ	1	
	(0)	Enter name of <u>NEW Registered Agent</u> and	/or NEW Registered	Office add	<u>ess</u> :	<u>m</u> S	2	m	
						UE STAIL L'ELORIDA	61 th HA	\bigcirc	
		1201 Hays Street				RO	6		
		NEW Registered Office Address:				1.			
		Tallahassee	, FL	32301					
th ag wa th 	e cha ent v as/we e arti Signal	imited liability company is not organ inge or changes are made, the Florida vill be identical. Or, in the case of a fre authorized by an affirmative vote les of organization or the operating ture of member of authorized representative by accept the appointment as registed.	a street address of Florida limited lia of the members o agreement of the c of a member	the register ability con f the limit limited liz 	ered office and the business of npany, it is hereby confirmed t ed liability company or as oth ability company. Imi, Vice President Printed or typed name of n this capacity. I further agree	ffice of that the erwise p of signee	the rep chang provid	gistered e(s) ed in	
pr th to	ovisi e obl mere	igations of my position as registered igations of my position as registered by reflect a change in the registered fin writing of this change.	per and complete agent as provided office address, 1 h	performa 1 for in Cl 1ereby cor	nce of my duties, and I am fam napter 605, F.S. Or, if this doo nfirm that the limited liability o	iliar wi cument compan	th and is beir y has	t accept 1g filed been	

P Signature of Registered Agent Corporation Service Company

BY: Grace E. Kirby, Assistant Vice President

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