Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000448173)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

	Addrose			
KM231	ACCTORGI			

LLC REGISTERED AGENT CHANGE KANE FINANCIAL SERVICES LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KANE FINANCIAL	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.
Please return all correspondence co	encerning this matter to the following:
Name of Po	erson
	,
Firm/Comp	pany
Address	·
City/State and	Zio Code
City/State and	Zip Code
E-mail address: (to be used fo	or future annual report notification)
For further information concerning	uns thatter, prease can.
	at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADI	
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circ Tallahassee, Florida 32301	
Enclosed is a check for th	e following amount:
□ \$25 Filing Fee	☐ \$55 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.

- (w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('	o)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
•	06/06/2012 Date of filing/registration in Florida	 - 4.	M120	D00003199 Document number
(a)				
(b)	Registered Agent and Registered Office shown on the records of the Botter, Jennifer Registered Office Address (MUST BE FLORIDA STREET A 1665 PALM BEACH LAKES BLVD. SUITE 600 WEST PALM BEACH , FL C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered 6	334	01	2016 FEB 22 PH 12: 10 PALLAHASSEE, FI ORIDA
	NEW Registered Office Address;			
	1200 South Pine Island Road			————··
	Plantation , FL	33324		·
e char gent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co Tthe lim	stered of impany, ited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
Tanny	Tofteroo	Ta	mmy To	
	urc of a member or authorized representative of a member		<u></u>	Printed or typed name of signee
hereb ovisio e obli	ly accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he	e to act perform for in C	in this of hapter	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed