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.

(((H230004311173)))



H230004311173ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

Address:					
	Address:	Address:	Address:	Address:	Address:

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LLC REGISTERED AGENT CHANGE KRM AMERICA, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: KRM AMERICA,						
Nan	ne of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning th	is matter to the following:					
Mary Castillo						
Name of Person						
Registered Agent Solutions, Inc.						
Firm/Company						
5301 Southwest Pkwy, Suite 400						
Address						
Austin, Texas 78735						
City/State and Zip Code	 					
E-mail address: (to be used for future ann	nual report notification)					
For further information concerning this matter,	, please call:					
Mary Castillo	at (888 705-7274					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

15129570210

H23000431117 3

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	ame of the limited liability company: KRM AME	RICA	A, LLC	
2. (a)	5815 BROOK HOLLOW PKWY	()	5815	BROOK HOLLOW PKWY
4. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE C	_	SUITE	C
	NORCROSS, GA 30071-3503	_	NORC	PROSS, GA 30071-3503
	10/11/2013		M1300	0006469
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	REGISTERED AGENT SOLUTION	NIN	C.	
(,	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	e:
	155 OFFICE PLAZA DR SUITE A			_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	ZĪ	
				_
	TALLAHASSEE FI	3230)1	
	1 -			•
(b)	Registered Agent Solutions, Inc.			
	Enter name of NEW Registered Agent and/or NEW Registered (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	2894 Remington Green Ln.			7
	NEW Registered Office Address:		 	-
	Ste. A			°
				PH12:45
	Tallahassee Fi.	32308	3	1:2 4
the cha agent was/we the art	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l Mackenzie Hibler	s of the the regi bility co	e State of Flo istered offic- ompany, it i nited liabilit liability con	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany. Enzie Hibler, Authorized Person
_	Signature of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of the change. Mackenzie Hibler, Assistant Secretary	re to ac perform I for in ereby c	t in this cap nance of my Chapter 60: confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent