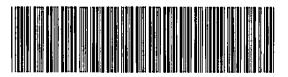
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE DEC - 2 2021				

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COVER LETTER

Registration Section Division of Corporations		
CT: KE. LLC		_
Nam	e of Limited	Liability Company
r or Madam:		
losed Registered Agent/Registered Offic	ce Change and	d fee(s) are submitted for filing.
eturn all correspondence concerning this	s matter to the	e following:
BAXTER		
Name of Person		
N AUTOMOTIVE		
Firm/Company		·
GHWAY 520		
Address	<u>-</u>	
.FL 32926		
City/State and Zip Code	<u> </u>	_
ER@MIKEERDMANMOTORS.COM		
mail address: (to be used for future annu	al report notif	fication)
ner information concerning this matter, p	olease call:	
BAXTER	321	453-1313
Name of Person	(Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Division of Corporations KE, LLC Name of Madam: losed Registered Agent/Registered Officeturn all correspondence concerning this BAXTER Name of Person NAUTOMOTIVE Firm/Company GHWAY 520 Address FL 32926 City/State and Zip Code ER@MIKEERDMANMOTORS.COM mail address: (to be used for future annumer information concerning this matter, put and	Division of Corporations KE. LLC Name of Limited Tor Madam: losed Registered Agent/Registered Office Change and eturn all correspondence concerning this matter to the BAXTER Name of Person N AUTOMOTIVE Firm/Company GHWAY 520 Address FL 32926 City/State and Zip Code ER@MIKEERDMANMOTORS.COM mail address: (to be used for future annual report notice information concerning this matter, please call: BAXTER Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327

☐ \$55 Filing Fee & Certified Conv.

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

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.

2. (a)	4650 HIGHWAY 520	(b	4650 HIGHWAY 520
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	COCOA, FL 32926		COCOA. FL 32926
	10/15/2013		M13000006518
3. 5. (a)	Date of filing/registration in Florida HOWARD M SWERBILOW	4.	Document number
` '	Registered Agent and Registered Office shown on the record 600 FLORIDA AVE	ls of the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE SUITE 104	ET ADDRESS)	-
	COCOA	. FL ³²⁹²²	
(b)	BETH A BAXTER		2021 NOV -9 AU SECRETARY OF TALLAHASSEE.
	Enter name of NEW Registered Agent and/or NEW Regist 4650 HIGHWAY 520	ered Office add	of State
	NEW Registered Office Address:		∠ú <u>+</u>
	COCOA	. FL. 32926	
thange igent w vas/we	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the memberless of organization or the operating agreement of	the registered d liability con ers of the limi	d office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	3	MICI	HAEL H ERDMAN, MGRM OF KEW, L.L.C.
	ure of a member or authorized representative of a member		Printed or typed name of signee
rovisio he obli o mere	oy accept the appointment as registered agent and ons of all statutes relative to the proper and compl igations of my position as registered agent as prov ly reflect a change in the registered office address I in writing of this change.	ese nertormzu	nce of my duties, and I am familiar with and access

Signature of Registered Agent