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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: KJ REAL ESTATE SOLUTIONS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kari Johnson Name of Person

KJ Real Estate Solutions, LLC Firm/Company

<u>363 Pernsylvania Ave</u> Address

Palm Harbor, FL 34683 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kari Johnson

same of Person

at (<u>320</u>) <u>455-7229</u> Area Code & Daytime Telephone Number

~ 7

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

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.

	KJR	EAL ESTAT	E SOLL	JTIONS, LLC	
1. Na	me of the inflited hability company.		V	0 1 cm	
2. (a)		Mans Lic 16		Peule mile	Stutions, (1)
	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS			ailing address of limited liabilit (Note: MAY BE POST OFFIC	
	21.3 formal kinigt	AVC	363	PennSylvani	GAVE
	Alas Harry I-1	24107	nal	120 HAMINE P	124157
	PHIM FRANKS, FC.	5 1605	PAG		
	09/1/2011		NILLO	201017028	r
3.	Date of filing/registration in Florida	4.		Document number	
5 (n)					
5. (a)	Registered Agent and Registered Office shown on the	records of the Florida	Dept. of State:	:	
	BUSINESS FILINGS INCORPOR	RATED			
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS	2		
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	. _{FL} 33324			
	Desistered Agenta Inc				
(b)	Registered Agents Inc.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW 1</u>	Registered Utlice ad	<u>aress</u> :		
	3030 N. Rocky Point Dr.				
	NEW Registered Office Address:	<u> </u>			
	STE 150A				
	Tampa	_{. FL} 3360	7	:	
If the l the cha	imited liability company is not organized und inge or changes are made, the Florida street a	ler the laws of the ddress of the regi	State of Flo stered office	orida, it is hereby confirme and the business office of	d that after the registered
agent v	vill be identical. Or, in the case of a Florida l ere authorized by an affirmative vote of the m	limited liability co	ompany, it is	hereby confirmed that the	change(s)
	cles of organization or the operating agreeme				provided in
1	Kau Otman Munagen sure of a member or authorized representative of a mem		Kari	John Son Mana Printed or typed name of signed	iger
-	•				
provisi the obl to mer	by accept the appointment as registered agen ons of all statutes relative to the proper and a lgations of my position as registered agent as ely reflect a change in the registered office ac d'm writing of this change.	t and agree to act complete perform s provided for in (ddress, I hereby c	t in this capa cance of my a Chapter 605, onfirm that t	icity. I further agree to co luties, and I am familiar w , F.S. Or, if this document he limited liability compa	mply with the ith and accept is being filed ny has been

Bill Havre - Assistant Secretary

Signature of Registered Agent

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

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