

M16000009275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

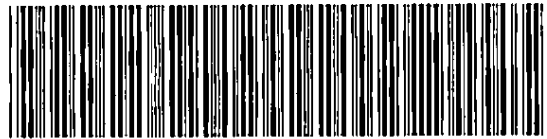
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
5605 Riggins Court Suite 200
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Thursday, October 26, 2017

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

- Change of Registered Agent

For **KINGSTON AND KROMWELL, LLC**

We have included payment in the amount of \$25.00 for the following fees:

- Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department
5605 Riggins Court Suite 200
Reno NV 89502

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KINGSTON AND KROMWELL, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Julien Lecomte
Name of Person

KINGSTON AND KROMWELL, LLC
Firm/Company

4730 S. Fort Apache Rd, Suite 300
Address

Las Vegas NV 89147
City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
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

**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. Name of the limited liability company: KINGSTON AND KROMWELL, LLC
2. (a) KINGSTON AND KROMWELL, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
4730 S FORT APACHE RD #300
LAS VEGAS, NV 89147
- (b) KINGSTON AND KROMWELL, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
4730 S FORT APACHE RD #300
LAS VEGAS, NV 89147
3. 11/16/2016
Date of filing/registration in Florida
4. M16000009275
Document number
5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
BUSINESS FILINGS INCORPORATED
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 S PINE ISLAND RD
PLANTATION, FL 33324
- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Registered Agents Inc.
NEW Registered Office Address:
3030 N. Rocky Point Dr. STE 150A
Tampa, FL 33607

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Julien Leconte
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre
Signature of Registered Agent

Bill Havre - Assistant Secretary

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