

M17000006587

(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:

Office Use Only



900305664279

11/20/17--01038--011 \*\*25.00

17 NOV 20 11 18:49

NOV 21 2017

Y SULKER



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: November 15, 2017

AE: Courtney Bains-Caulk

TO: Florida Department of State

H1080

REFERENCE: 1115661

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

KIRIN JADE, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	660893	Secretary of State	\$25

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Courtney Bains-Caulk TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
(800)533-7272

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KIRIN JADE, 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:

COURTNEY BAINS

Name of Person

PARACORP INCORPORATED

Firm/Company

2804 Gateway Oaks Drive #100

Address

Sacramento, CA 95833

City/State and Zip Code

cbains-caulk@myparacorp.com

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

For further information concerning this matter, please call:

Courtney Bains

at ( 800 ) 909-3168

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

7 11 20 21 8:49

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: Kirin Jade, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

5 Ashwood Terrace  
Newburgh, NY 12550

5 Ashwood Terrace  
Newburgh, NY 12550

August 2, 2017

M17000006587

3. Date of filing/registration in Florida

4. Document number

5. (a) Glenn Henricksen

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6023 S. 2nd Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33611

(b) Paracorp Incorporated

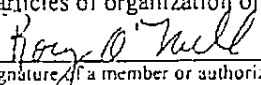
Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Drive, 1st Floor

NEW Registered Office Address:

Tallahassee, FL 32301

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 of a member or authorized representative of a member

Rory O'Neill  
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.

  
Signature of Registered Agent

Milton Vong, Assistant Secretary 11/15/2017

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

17 NOV 20 11 05:49