## M19000000567

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(Requestor's Name)								
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(City/State/Zip/Phone #)								
PICK-UP	MAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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FEB 2 4 \_\_\_\_\_ S. PRATHER

## 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. N	ame of the limited liability company: THE KIRKLANI			Y FLORIDA, LL		-
2. (a)	5100 Maryland Way		(b)(b)			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing a	address of limited  MAY BE POST	liability company: "OFFICE BOX")
	BRENTWOOD, TN 37027	_		BRENTWOOD, T	TN 37027	
	1/16/2019		N	119000000567		
3. 5. (a)	Date of filing/registration in Florida LIGHTSEY & ASSOCIATES, P.A.	4.		Docun	nent number	
J. (u)	Registered Agent and Registered Office shown on the records of 2105 PARK AVENUE NORTH	the Flor	ida I	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				3.	>- 2 <u>9</u>
	WINTER PARK, FI	32789	1			71 ; ķ.
(b)	ALTON L. LIGHTSEY					%: <u>1</u>
, ,	Enter name of NEW Registered Agent and/or NEW Registered	l Office	add	ress:		
	222 W COMSTOCK AVENUE					EC -1 AN 7:21 BASSEELFLORIDA
	NEW Registered Office Address:					
	SUITE 200					
	WINTER PARK FI	32789	)			
chang agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of the l	erec con imit d lia	l office and the bi ipany, it is hereb led liability comp	usiness office by confirmed the bany or as othe	of the registered nat the change(s)
Sign	ature of a member of authorized representative of a member	_		Printed	d or typed name o	f signee
	ehy accept the appointment as registered agent and agi sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to a perfor d for in hereby	ict i mai n Ci coi	n this capacity. nce of my duties, napter 605, F.S. nfirm that the lim	l further agree and I am fami Or, if this doc ited liability c	to comply with the liar with and accept ument is being filed ompany has been
Signat	ture of Registered Agent					

## LIGHTSEY & ASSOCIATES, P.A.

222 W. COMSTOCK AVE. SUITE 200 WINTER PARK, FLORIDA 32789 Telephone: (407) 622.0025 marcy@lightseylaw.com

To:

Division of Corporations

From:

Marcy Kast

Date:

November 30, 2022

Re:

Change of Registered Agent/Registered Office

Enclosed is our firm check in the amount of \$875.00 which represents your fees for filing (i) the thirty-four (34) Statements of Change of Registered Office or Registered Agent or Both for Limited Liability Company; and (ii) the one (1) Amendment to Partnership Registration enclosed.

Please contact me if you have any questions.

Via Federal Express: Florida Department of State Division of Corporations 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303