Ta:

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SPI AGENT SOLUTIONS, INC.

Account Number : I20230000143 Phone : (888)314-3998 Fax Number : (518)514-1288

#tEnter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:_

LLC REGISTERED AGENT CHANGE KR TAMPA TRASK 2019 LLC

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Registration Section

TO:

COVER LETTER

Division o	f Corporations					
	AMPA TRASK 2019 LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or Madan	n:					
The enclosed Regi	stered Agent/Registered Of	lice Change a	nd fee(s) are submitted for filing.			
Please return all co	arrespondence concerning th	his matter to the	he following:			
Joe DiGaetano						
	Name of Person					
SPI Agent Solutions	, Inc.					
	Firm/Company					
524 S 2nd St Ste 50:	5					
	Address					
Springfield II, 6720	1					
	City/State and Zip Code					
E-mail addre	ss: (to be used for future an	nual report no	tification)			
For further informa	ntion concerning this matter	r, please call:				
Joe DiGaetano		512 at (309-1153			
NE	une of Person		Area Code & Daytime Telephone Number			
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303			
Enclosed i	is a check for the following	g amount:				
□ \$ 25 Fili	ng Fee	٥	\$55 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

I. Na	me of the limited liability company: KR TAMPA TR.	ASK 201	9 LLC	
!. (a)	107 S. Main St. Atkinson, NE 68713	t	b)	in St. PO Box 130 Atkinson, NE 68713
(=,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/19/2019			1149
	Date of filing/registration in Florida	- 4.		Document number
5. (a)	UNIVERSAL REGISTERED AGENTS, INC.			
. (11)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept, of Stat	_ e
	Registered Office Address (MUST BE FLORIDA STREET) 1317 CALIFORNIA ST.	'ADDRES	<u>(S)</u>	-
	TALLAHASSEE	32304		2
	SPI AGENT SOLUTIONS, INC.	^		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address.		- ,	
				,
				: - 3
	NEW Registered Office Address:			- -
	1540 GLENWAY DR			νο -
	TALLAHASSEE . FE	32301		
hange gent w vas:we he arti	mited liability company is not organized under the later or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of the organization or the operating agreement of the grand Keating	e register ability c of the lin limited	ed office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		· ·-	Printed or typed name of signee
rovisi he obl. o mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete iganons of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change. The wall by the Lindsay Gates President SPI	perforn ed för in hereby c	ance of my (Chapter 605 onfirm that	duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been

o: