H220003092473

Florida Department of State

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(((H22000309247 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone : (702)866-2500

Fax Number

: (702)900-2290

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

documents@incorp.com

LLC REGISTERED AGENT CHANGE KALI MANAGEMENT, LLC

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H220003092473

COVER LETTER

H220003092473

TO:	Registration Section Division of Corporations			
SUBJ	KALI MANAGEMENT, LLC			
0000		Name of Limited Liability Company		
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning	his matter to the following:		
	Amanda Morehuse			
	Name of Person			
	IпСогр Services, Inc.			
	Firm/Company			
	3773 Howard Hughes Pkwy. · S	uite 500\$		
	Address			
	Las Vegas, NV 89169-60	14		
	City/State and Zip Code			
	documents@incorp.com			
	E-mail address: (to be used for future a	nual report notification)		
For fu	rther information concerning this matte	r, please call:		
Amar	nda Morehouse for InCorp Services,	Inc. 800-246-2677 at		
	Name of Person	Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy		
Date:	0.72/14)			

H220003092473

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: KALI MANAGEMENT, 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)	
	6100 HOLLYWOOD BOULEVARD SUITE:207 Hollywood, FL 33024		d, FL 33024	
	05/13/2020	M200000	04473	
 (a) 	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Document number	
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1201 Hays Street Registered Office Address			
	Tallahassee, FL	32301	20	
(b)	InCorp Services, Inc.		22 S	
(5)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	SEP -	
	17888 67th Court North		AND ILED SEEFE	
	NEW Registered Office Address:		STATE 1 STATE	
	Loxahatchee, FL_	33470	_	
the cha agent was/w	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	the registered offic bility company, it is the limited liability	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
<u>/</u> _	A+ k	Arshad Kagal	walla	
Signa	ture of a thember or authorized representative of a member		Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	performance of my for in Chapter 60. ereby confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signati	Isabel Burgos on beha	alf of InCorp Ser	vices, Inc.	