Florida Department of State Birson of Corporations Electronic Filing Cryce Street

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000038822 3)))



H240000388223ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

COTOUR OF STATE OF ST

Jo:

Division of Corporations

Fax Number : (850)617-6383

Account Name : FILE RIGHT LLC Account Number : I20170000091

Phone : (718)878-5811 Fax Number : (718)732-4580

Enter 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 KYOL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Help

Electronic Filing Menu

Corporate Filing Menu

FEB 0 1 2024 K. Brumble)

INHS18 (2/14)

COVER LETTER

		H240000)388223
iO:	Registration Section		
	Division of Corporations		
IIR I	ECT: KYOL LLC		
003	Name of Limi	ited Liability Company	
ear S	Sir or Madam:		
he e	nclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
lease	e return all correspondence concerning this matter t	to the following:	
Mark	Puchs		
	Name of Person	- 	
File F	Right RA Services, LLC		
	Firm/Company		
1425	37th Street, Suite 201		
_	Address	<u> </u>	
Вто	klyn, NY 11218		
	City/State and Zip Code		
agen	@fileacorp.com		
	E-mail address: (to be used for future annual report	rt notification)	
For I	further information concerning this matter, please o	eall:	
Sara	Ringel 7 at (_	878-5811	
	Name of Person	Area Code & Daytime Telephone	Number
	Mailing Address:	Street Address:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	0.0
	Tallahassec, FL 32314	2415 N. Monroe Street, Suite Tallahassee, FL 32303	810
	Enclosed is a check for the following amoun	ıt:	H24000038822
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

H240000388223

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.

(a) 581 N. FRANKLÍN TURNPIKE	(b) _ _ _		11: 1:22:	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
RAMSEY, NJ 07446				
		M20000010891		
11/30/2020		Document number		
Date of filing/registration in Florida	7,	,		
(a) Business Filing Incorporated				
Registered Agent and Registered Office shown on the records of	the Florida Depl	. of State:		
1200 South Pine Island Rd, Plantation, FL 33326				
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS]			
registro Onito) = 111				
			20	
			2024 JAN 3 1	
			: 🔄	
(b) File Right RA Services, LLC		`	$\overline{\omega}$	물감
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address	<u>s:</u>		آمر الما
			<u> </u>	
625 E Twiggs Street, Ste. 110				
NEW Registered Office Address:				
			*	
Tampa, FL 33602				
	Call - Day	es of Clarida in is hereby (confirmed that af	fter the
f the limited liability company is not organized under the lather thange or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	liability comp	nany, it is hereby confirmed liability company or as (d that the change	c(s)
/s/ Mark Fuchs	Mark F	tions, Authorized Ferson		
City the of a mamber or authorized representative of a member		Printed or typed na		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address,	gree to act in le performant ded for in Cha I hereby conj	this capacity. I further as se of my duties, and I am f apter 605, F.S. Or, if this Irm that the limited liabili	ree to comply wamiliar with and document is bein ty company has	ith the accept ig filed been
namen in willing of this charge.				
notified in writing of this change. /s/ Mark Fuchs			H24000038822	