(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000019	95
	REFERENCE	:	992669	4332382
	AUTHORIZATION	:	$\mathcal{M}$	
	COST LIMIT	:	\$ 25000 2	ena
			···· V V	
ORDER DATE :	September 18, 202	23		
ORDER TIME :	10:28 AM			
ORDER NO. :	992669-020			
CUSTOMER NO:	4332382			
	<b>-</b>		• <b></b>	

## CHANGE OF AGENT

NAME: KGT VENTURES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

## 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. N	ame of the limited liability company:		·
2. (a)	2475 Mercer Avenue		(b) 2475 Mercer Avenue
( )	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 103		Suite 103
	West Palm Beach, FL 33401		West Palm Beach, FL 33401
	May 4, 2022		M22000006901
3.	Date of filing/registration in Florida	-4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records on NRAI Services, Inc. Registered Office Address (MUST BE FLORIDA STREE	of the Flori	·
	1200 South Pine Island Road	LADDKL	
	Plantation H	L3332	
(b)			address:
. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office :	address:
	Corporation Service Company		FIST: U
	NEW Registered Office Address:		
	1201 Hays Street		<b></b>
	Tallahassee	32301	1
If the i change	······································	aws of th	he State of Florida, it is hereby confirmed that after the ered 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.

<u>/s/ Kimberly Guilfoyle</u> Signature of a member or authorized representative of a member Kimberly Guilfoyle, Authorized Person 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.

M Basonie

Auropen M Bason i.e. Signature of Registered Agent Lindsey M. Baronie, Asst. Vice President on behalf of Corporation Service Company

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