P1600013221

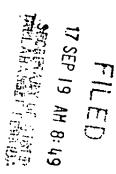
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u> </u>
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	<u> </u>

Office Use Only



400303410324

09/19/17=113141.0324



Macra

SEP 2 0 2017

COVER LETTER

.:

TO: Amendment Section Division of Corporations KM JOHNSON, PA Name of Corporation P16000073221 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KARL M JOHNSON Name of Contact Person Firm/Company 7073 LÏVE OAK DR Address NAPLES, FL 34114 City/State and Zip Code investor@kmjgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karl M Johnson Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

بر. 13

B.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		; 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this a corporation organized under the laws of the State of Florida		
-	* 11	ered office or registered agent, or both, in the State of Florida.	_	
1. The name of t	ne corporation.	// Johnson PA		
2. The principal	office address.	1 Brickell Ave Ste 900		
	Mia	ami, FL 33131		
3. The mailing a	ddress (if different)			
4. Date of incorp	ooration/qualification	Sept 6, 2016 Document number: P16000073221		
5. The name and	street address of the	current registered agent and registered office on file with the signed, enter resigned)		
	_Karl M Johns	on	17	
	4851 Tamian	ni Trail N Ste 200	SEP	11
	Naples, FL 3	4103	19	
6. The name and (if changed):	 street address of the 	new registered agent (if changed) and /or registered office	64 :8 HV	
	Karl M Johns	on get	9	
	7073 Live O	k Dr		
		P.O. Box NOF acceptable		
	Naples, FL 3	4114		
The street addre	ess of its registered of be identical.	ffice and the street address of the business office of its registered as	gent,	
Such change wa authorized by th	is authorized by reso ne board, or the corp	lution duly adopted by its board of directors or by an officer so oration has been notified in writing of the change.		
/ Carl	re of an officer or director	Karl M Johnson, President	_	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as to comply with the pi my duties, and I am is document is being that the corporation	egistered agent and agree to act in this capacity, registered agent and agree to act in this capacity, familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.	<i>?</i>	
- Man	EM ()	9/14/2017		
_	- //	Date		
II signing on be	half of an entity:			
Ty	yped or Printed Name			
		* * * FILING FEE: \$35.00 * * *		

Make Check\$ Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)