

P170000 69116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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11/17/21--01010--001 **100.00

02/08/22--01015--001 **10.00

RA & RO change

FILED
2022 FEB -7 AM 9:55
CLERK OF COURT
JANUARY 2022

A. RAMSEY
FEB 08 2022

*00789, 00342, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 FEB -7 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FL

December 9, 2021

LINDA M. PARRISH
KMETZ ELWELL GRAHAM & ASSOC. PLLC
1575 INDIAN RIVER BLVD, STE C240
VERO BEACH, FL 32960 US

SUBJECT: KITE VN CORPORATION
Ref. Number: P17000069116

We have received your document for KITE VN CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 321A00029686

SEE ATTACHED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KITE VN CORPORATION
Name of Corporation

DOCUMENT NUMBER: P17000069116

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:

LINDA M. PARRISH
Name of Contact Person

KMETZ ELWELL GRAHAM & ASSOC., PLLC
Firm/Company

1575 INDIAN RIVER BLVD, STE C240
Address

VERO BEACH FL 32960
City/State and Zip Code

E-mail address: (to be used for future annual report notification) lparrish@kegacpa.com

For further information concerning this matter, please call:

LINDA M. PARRISH at (772) 231-1440
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KITE VN CORPORATION
2. The principal office address: 1045 WINDING RIVER ROAD
VERO BEACH, FL 32963
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/16/2017 Document number: P17000069116
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROSSWAY SWAN TIERNEY BARRY LACEY + OLIVER
KEVIN M. BARRY
2101 INDIAN RIVER BLVD., SUITE 200
VERO BEACH, FL 32960

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KMETZ FELWELL GRAHAM + ASSOCIATES PLLC
1575 INDIAN RIVER BLVD., STE C 240
P.O. Box NOT acceptable
VERO BEACH, FL 32960

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Keith D. Kite
Signature of an officer or director

KEITH D. KITE, MANAGER
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

2/2/22
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314