L0400053994

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

Registration Section Division of Corporations

TO:

COL FLORA LLC SUBJECT:		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Bill HAVRE		
Name of Person		
Registered Agents Inc		
Firm/Company		
3030 N. Rocky Point Drive Ste. 150 A		
Address		
Tampa FL 33607		
City/State and Zip Code		
colflora@live.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, plea	ase call:	
Ekkehard HOEHN	954 8925292	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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

2. (a)	16251 Golf Club Road Nr. 109	1625	51 Golf Club Road Nr. 109
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Weston FL 33326	West	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ION FL 33326
3.	10-12-2007 Date of filing/registration in Florida	<u>L 0400</u>	00052994 Document number
	KM Business Development LLC		
5. (a)	Registered Agent and Registered Office shown on the records 3221 Morris Lane Registered Office Address (MUST BE FLORIDA STREET)		State:
	Miami ,	_{FL} 33133	14 DEC SECRET
(b)			IARY C IASSEE
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address:	PMII:
	REGISTERED AGENTS INC		STATE STATE LORID
	NEW Registered Office Address:		TE IDA
	3030 N. Rocky Point Drive, STE 150A		
	Tampa	FL_33607	
the cha	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the registered of d liability company rs of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in

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

INHS18 (2/14)