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	(Requestor's Name)
	(Address)
·	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
1	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	A. Fillian Officer

Special Instructions to Filing Officer:

L. SELLERS

JAN 21 2009

EXAMINER

Office Use Only



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COVER LETTER

S. Division of Corporations		
SUBJECT: Kered Connors, LLC		
	of Limited Liability Company)	
5 2' 16 1		
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Jonathan C. Koch, Esq.	•	
(Name of Person)		
•		
Bush Ross, P.A. (Firm/Company)		
	•	
1801 North Highland Avenue		
(Address)		
Tampa, Florida 33602		
(City/State and Zip Code)		
7 0 d 10 d 1 d 1		
For further information concerning this mat	ter, piease cair:	
Jonathan C. Koch, Esq.	at (813) 204-6417	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: 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 followi	ng amount:	
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Na	me of the limited liability company: Kered Conn	ors, LLC		•
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		7: 28 Lessing Road West Orange, NJ 07052		0
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	c/o S. Charles Jeter. Ph.D. 28 Lessing Road West Orange, NJ 07052		· E
11/17/		<u>L05000112337</u>		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a	Registered Agent and Registered Office shown on Registered Agent:		ept. of State:	
	Registered Office Address:	625 East Twiggs Street, Suit Tampa, Florida 33602	e 100	ı
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office addre	· · <u>·</u>	
	NEW Registered Agent:	Bush Ross Registered Agen	t Services, LLC	1
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1801 North Highland Avenue	<u> </u>	
	·	Tampa	,FL_33602	
that a office hereb liabili limite	limited liability company is not organized under the fter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company. Line of a member or authorized representative of a member)	et address of the registered of ase of a Florida limited liab by an affirmative vote of the	ffice and the business ility company, it is members of the limite	
(D.)	S. Charles Jeter	_		
	d or typed name of signee)		7.Ct	
I here compl am far F.S. (confir	eby accept the appointment as registered agent and a y with the provisions of all statutes relative to the pr miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a m that the limited liability company has been notified	gree to act in this capacity. oper and complete perform as registered agent as proy change in the registered off I in writing of this change.	I further agree to ince of my duties, and ided for in Chapter 60 ice address; I hereby	[8,
-	ure of Registered Agent)	at	JAN .	17
	Division of Corporations, P.O. Box FILING FEE		314 SSEE F	magnetic control of the control of t

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