

LO8 0000008123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

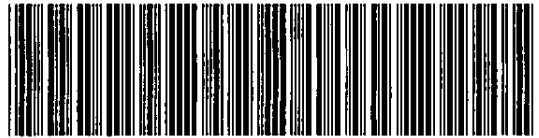
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400173113624

03/29/10--0105100\*25.00

2010 MAR 29 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

MAR 30 2010

EXAMINER

LO8-8123

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 21 Kentucky LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Caspi  
Name of Person

Firm/Company

3010 Westchester Avenue st 106  
Address

Purchase, NY 10577  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joshua Caspi at ( 914 ) 694-8300  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2010 MAR 29 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: 21 Kentucky LLC
2. (a) Principal office address of limited liability company: c/o Karl Schumer 18851 NE 29 ave  
☒ **(Note: MUST BE STREET ADDRESS)** Suite 700, Aventura, FL 33180
- (b) Mailing address of limited liability company: 3010 Westchester Avenue st 106  
☒ **(Note: MAY BE POST OFFICE BOX)** Purchase, NY 10577

- 3-26-2010
3. Date of filing/registration in Florida
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent: Karl Schumer PA

Registered Office Address: 18851 NE 29 Avenue, Suite 700  
Aventura, FL 33180

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

NEW Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered 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.

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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 608, 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.*

Signature of Registered Agent

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