## LORDO0531042

(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



700211661307

09/02/11--01026--005 \*\*25.00

11 SEP -2 AN III 148
SECRETARY OF STATE

D. BRUCE

SEP 0 6 2011

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUB	JECT: G. Name of Limit	K.E.G.,			
	Truine of Zimire	ou Blustit.	, company		
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Registered Office	e Change a	nd fee(s) are submitted	for filing.	
Pleas	e return all correspondence concerning this	matter to tl	he following:		
	GEORGE FRANCIS, ESQ.				
	Name of Person				
	LAW OFFICE OF GEORGE FRANCIS,	ΡΔ			
	Firm/Company		-		
	The second second	;	THE LET WILLIAM	or getr	
	3300 NE 191 STREET #718	and the first	,		
	Address		-	AFF SF	
	Section 2			AS.	
	AVENTURA, FL 33180			-2 AH ARY OF SSEE, FI	
<del></del>	City/State and Zip Code		-	7 A A I	
				[015] ∰ [C	
	FRANCISGLAW@GMAIL.COM		•		
	FRANCISGLAW@GMAIL.COM E-mail address: (to be used for future annual report notification)	ition)	•		
For f	urther information concerning this matter, pl	lease call:	: · · · · ·	•	
	GEORGE FRANCIS, ESQ. at (	786	348818	30	
	Name of Person	<u> </u>	rea Code & Daytime Telephor		
	CORRECTION OF A DESCRIPTION OF THE PROPERTY OF	3.5 A.T	LING ADDRESS:		
	STREET/COURIER ADDRESS: Registration Section		stration Section		
Division of Corporations Clifton Building Division P.O. Bo			on of Corporations		
			30x 6327		
	2661 Executive Center Circle	Talla	hassee, Florida 32314		
• • •	Tallahassee, Florida 32301				
	Enclosed is a check for the following an	nount: 、			
	\$25 Filing Fee	\$55	Filing Fee & Certified	Сору	

TO:

## 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.

S , ,					
1. Name of the limited liability company:	G.K.E.G., LLC				
2. (a) Principal office address of limited liability compar	Principal office address of limited liability company:				
(Note: MUST BE STREET ADDRESS)	9805 SW 108 TERRAC MIAMI, FL 33176	<b></b>			
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	9805 SW 108 TERRAC MIAMI, FL 33176	:E			
05/30/2008	L08000053	642			
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	the records of the Florida 🛭	τ 3			
Registered Agent:	FARIA. ALEXANDER	SE TI			
Registered Office Address:	100 S.E. SECOND STA SUITE 2900 MIAMI, FL 33131 US				
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b> Registered Agent:	W Registered Office addri GEORGE FRANCIS, E	ESS: G			
NEW Registered Office Address:	3300 NE 191 STREET #718				
(MUST BE FLORIDA STREET ADDRESS)	AVENTURA				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (so the members of the limited liability company or as other or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement as registered agent and comply with the provisions of all statutes relative to the plant of the operation of the operations of the provisions of the obligations of the plant of the obligations of the obligations of the operations of the obligations	Florida street address of the intical. Or, in the case of a Fles) was/were authorized by an erwise provided in the article by.	registered office orida limited a affirmative vote as of organization			
Signature of Registered Agent	- <b>-</b>	<del>-</del>			

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