

F08000001618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

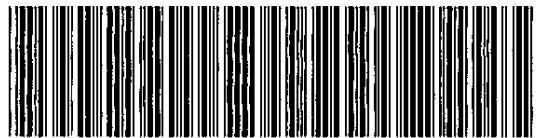
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Certified Copies _____

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09 JUL 27 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L.A. Charge
C.COULLIETTE

JUL 29 2009

EXAMINER



July 21, 2009

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: L.L. Kennedy, Inc.

Dear Sir or Madam:

Enclosed for filing are an executed original and one conformed copy of the Statement of Change of Registered Office or Registered Agent or Both for Corporations along with our check in the amount of \$35.00 for the filing fee. Please stamp the copy as filed and return to me in the enclosed self-addressed envelope.

Please call me at 502-254-7130 with any questions you may have.

Very truly yours,

A handwritten signature in cursive script that reads "Brenda Hites".

Brenda Hites

Enclosures .

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: L.L. Kennedy, Inc.
Name of Corporation

DOCUMENT NUMBER: F08000001618

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:

Brenda Hites
Name of Contact Person

L.L. Kennedy, Inc.
Firm/Company

1903 Stanley Gault Parkway
Address

Louisville, KY 40223
City/State and Zip Code

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

For further information concerning this matter, please call:

Brenda Hites at (502) 254-7130
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Wisconsin _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: L.L. Kennedy, Inc.
2. The principal office address: 507 E. Day Ave, Milwaukee, Wisconsin 53217
3. The mailing address (if different): 1903 Stanley Gault Parkway, Louisville, KY 40223
4. Date of incorporation/qualification: 5/22/91 Document number: F08000001618
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)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

Glenn Blackmon

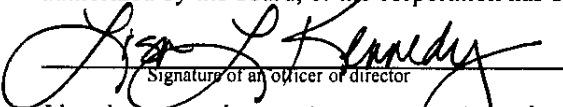
25450 Airport Road

P.O. Box NOT acceptable

Punta Gorda, FL 33950

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.



Signature of an officer or director

Lisa L. Kennedy, President

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 of Registered Agent

7-22-09

Date

If signing on behalf of an entity:

Glenn Blackmon

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

CR2E045 (8/05)

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