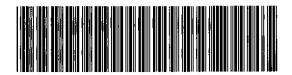
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(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	* #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nam	e)	
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-SECRETARY OF STATE:

C. LEWIS

JUN 7 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	KZF Design LLC	
Name of	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for		
Please return all correspondence concerni	ning this matter to the following:	
Susan Williams		
Name of Person		
KZF Design LLC		
Firm/Company		
700 Broadway Street		
Address	<u> </u>	
Cincinnati, OH 45202)2	
City/State and Zip Code		
aya williama@kaf aam	~	
sue.williams@kzf.com E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this m	natter, please call:	
Susan Williams	at (513) 621-6211	
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 follow	wing amount:	
[7] \$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.	Name of the limited liability company:	KZF Design LLC	
2.	(a) Principal office address of limited liability company	1401 Edgewater Drive	
	(Note: MUST BE STREET ADDRESS)	Orlando, FL 32804	
	(b) Mailing address of limited liability company:	1401 Edgewater Drive	
	(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32804	
	May 16, 2000	L0000005619	
3.	Date of filing/registration in Florida	4. Document number	
5.	5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Agent:	CT Corporation System	
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address Joseph H. Morgan 8167 Canyon Lake Circle	
		Orlando ,Et 32835	
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			
Pr	Susan D. Williams, Corporate Secretary	_	
	hereby accept the appointment as registered agent and a mply with the provisions of all statutes relative to the production of all statutes relative to the production of my poster 608, F.S. Or, if this document is being filed to me dress, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	
Si	gnature of Registered Agent	05 The Habanana P. V. 2001 A	
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		