

L01000011702

'
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Walling)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



700078671807

08/22/06--01007--009 **55.00

N. Calligna AUG 2 3 2006





COVER LETTER

	OUTER EBITER,
TO: Registration Section Division of Corporations	
SUBJECT: KESO, LLC (Name of	f 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	ng this matter to the following:
Douglas W. Oswald	
(Name of Person)	
Oswald & Oswald, P.L. (Firm/Company)	
600 Courtland Street, Suite 110	•
(Address)	
Orlando, Florida 32804	,
(City/State and Zip Code)	
For further information concerning this ma	itter, please call:
Douglas W. Oswald	at (407) 647-3738
(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 follow	ing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)



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.

agent, or com, in the state of 1 tortal.	
1. The name of the limited liability cor	mpany is: KESO, LLC
2. The mailing address of the limited li	iability company is : 600 Courtland Street, Suite 110
Orlando, Florida 32804	
07/17/2001	L01000011702
3. Date of filing/registration in Florida	
5. The name of the registered agent and Florida Department of State:	d the registered office address as shown on the records of the
Kenneth F	F. Oswald, Atty.
-	Name land Street, Suite 110 Address Final 20004
Orlando, F	Florida 32804 City, State and Zip
6. The name and address of the new reg	
Oswald &	Oswald, P.L.
	Name and Street, Suite 110
	eet address (P.O. Box NOT acceptable)
Orlando,	FL 32804
	City, State and Zip
confirmed that after the change or chan and the business office of the registered liability company, it is hereby confirme	organized under the laws of the State of Florida, it is hereby ages are made, the Florida street address of the registered office d agent will be identical. Or, in the case of a Florida limited ed that the change(s) was/were authorized by an affirmative vote company or as otherwise provided in the articles of organization ed liability company.
(Signature of a member or authorized representative	' /
(Printed or typed name of signee)	<u> </u>
	gistered agent and agree to act in this capacity. I further agree to es relative to the proper and complete performance of my duties, obligations of my position as registered agent as provided for in t is being filed to merely reflect a change in the registered office ted liability company has been notified in writing of this change.

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