

601000016681

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000086326 3)))



H0800008632634BC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : THE FARR LAW FIRM  
Account Number : 103654001666  
Phone : (941) 639-1198  
Fax Number : (941) 639-0028

FILED  
2008 APR -4 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

KIBO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

T. CLINE

APR - 7 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
2008 APR -4 AM 8:00  
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. The name of the limited liability company is: KIBO, LLC
2. The mailing address of the limited liability company is : 4372 NORTH ACCESS ROAD,  
ENGLEWOOD, FLORIDA 34224

09/27/2001

L01000016681

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SANDRA L. KING

Name

1031 HUMBOLDT STREET

Address

ENGLEWOOD, FLORIDA 34224

City, State and Zip

6. The name and address of the new registered agent and/or office:

DOROTHY L. KORSZEN

Name

99 NESBIT STREET

Florida street address (P.O. Box NOT acceptable)

PUNTA GORDA FL 33950

City, State and Zip

2008 APR -4 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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.

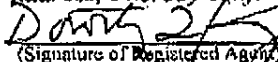


(Signature of a member or authorized representative of a member)

SANDRA L. KING, MANAGING MEMBER

(Printed or typed name of signee)

*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

INHS18 (8/05)