L01000020571

,, <u> </u>	KEW, L.L.C.				
*-		ment - Mr. Stor-It			
, Merritt	P.O. Box 541682 t Island, FL 32954				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL .			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
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D. BRUCE
APR 2 9 2008
EXAMINER

1

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.	1. The name of the limited liability company is: KEW, L.L.C.							
2.	2. The mailing address of the limited liability company is : P.O. BOX 541682, MERRITT ISLAND, FL							
	32954-1682							
	11-29-2001			L01000020571				
3.	Date of filing/registration in Florida			4. Document number				
5.	The name of the regist Florida Department of		gistered o	office address as shown	on the records of the			
	•	BEALS, ROBER	Γ Ц.					
Name								
730 E. STRAWBRIDGE, SUITE 101								
Address								
MELBOURNE, FL 32901			168 W					
			y, State a	and Zip	APR 21			
o. The name and address of the new registered agent and/or office.								
		MICHAEL H. ERD	MAN		PH 3: 07 PH 3: 07			
			Name		0.7 ×			
		500 CONE ROAD			8.5 P			
		Florida street addre	ess (P.O.	Box NOT acceptable)	A			
		MERRITT ISLAND	FL	32952				
		City	, State an	d Zip				
					a			

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)

MICHAEL H. ERDMAN

(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