## L02000/8238

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
		,					
SUBJE	SUBJECT: KMT Enterprises, LLC						
	(Name of	f Limited Liability Company)					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.					
Please	return all correspondence concernin	g this matter to the following:					
Debra	a Sinkle Kolsky						
	(Name of Person)						
<u>KMT</u>	Enterprises, LLC						
	(Firm/Company)						
11098	Biscayne Boulevard, Suite	103					
	(Address)	•					
Miami	, Florida 33161						
1711041111	(City/State and Zip Code)						
For fur	ther information concerning this ma	tter, please call:					
<u>Deb</u> ra	Sinkle Kolsky	at (30度5) 981-0888					
	(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	ing amount:					
!	<b> ✓</b> \$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. The name of the limited liab	oility company is: KMT E	nterprises, LLC		
2. The mailing address of the	limited liability company i	s : 1175 NE 125th Street, Su	ite 103	<del></del> -
North Miami, Florida 33161				
07/18/2002		L02000018238		
3. Date of filing/registration in	Florida	4. Document number		
5. The name of the registered a Florida Department of State	gent and the registered of	fice address as shown on the re-	cords of the	
<u>De</u> l	bra Sinkle Kolsky			
447	Name	4- 102		
117	'5 NE 125th Street, Su Address	103	0	DIV.
Nor	Address th Miami, Florida 3316	1	<del>ه</del>	1SIC
1401	City, State an		7	222
6. The name and address of the	new registered agent and	or office:	08 JAN 22 PM	ARY OF
Deb	ora Sinkle Kolsky		<b></b>	780 15
<u>110</u>	Name 98 Biscayne Boulevard	I, Suite 103	1:01	ORPORATIONS
Flo	rida street address (P.O. B	ox NOT acceptable)		
Mia	mi, Florida 33161 <sub>FL</sub>			
	City, State and	Zip		
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited or the operating agreement of the limited or the operating agreement of the limited of the limited or the operating agreement of the limited or the operating agreement of the limited limited or the operating agreement of the limited limit	e or changes are made, the egistered agent will be ide confirmed that the change liability company or as othe limited liability company.	Florida street address of the re ntical. Or, in the case of a Flor (s) was/were authorized by an a nerwise provided in the articles	gistered offi rida limited affirmative v	vote
(Signature of a member or authorized re	presentative of a member)			
Debra Sinkle Kolsky, Manag	ging Member			
(Printed or typed name of signee)				
I hereby accept the appointme comply with the provisions of and I am familiar with and acc Chapter 608, F.S. Or, if this dadgess, I hereby confirm that	nt as registered agent and all statutes relative to the pept the obligations of my pocument is being filed to he limited liability compa	agree to act in this capacity. In agree to act in this capacity. In open and complete performant of the registered agent as nerely reflect a change in the register in writing any has been notified in writing	l further agr ice of my du provided foj egistered off of this char	ee to sties, r in fice sge.
(Signature of Registered Agent)				
/ Division of	Corporations, P.O. Box 6	6327, Tallahassee, FL 32314		

**FILING FEE: \$25.00**