1-02000021960

Kuny Gamett (Requestor's Name)
(Address)
8700 Southern Breeze Dr. (Address)
Orlando FL 32836 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
LOZ-21960 707
Office Use Only



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03/25/05--01041--012 ***55.00

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 30, 2005

KENNY GARRETT 8700 SOUTHERN BREEZE DR. ORLANDO, FL 32836

SUBJECT: KENSINGTON LAKESIDE, LLC

Ref. Number: L02000021960

We have received your document for KENSINGTON LAKESIDE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 505A00021668

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 c	ompany is: Kensington Lakeside, LLC
-	liability company is: 8700 Southern Breeze Drive
Orlando, Florida 32836	
08/26/02	L02000021960
3. Date of filing/registration in Florid	da 4. Document number
5. The name of the registered agent a Florida Department of State: Kenny, G	
8820 Phi	Name Ilips Bay Drive
	Address Florida 32836 City, State and Zip
6. The name and address of the new r	egistered agent and/or office:
Kenny, G	Barrett
8700 Sou	egistered agent and/or office: Garrett Name uthern Breeze Drive
Florida st	reet address (P.O. Box NOT acceptable)
Orlando,	FL 32836
	City, State and Zip
confirmed that after the change or chand the business office of the register	organized under the laws of the State of Florida, it is hereby anges are made, the Florida street address of the registered office ed agent will be identical. Or, in the case of a Florida limited ned that the change(s) was/were authorized by an affirmative vote of ompany or as otherwise provided in the articles of organization or d liability company.
Garrett Kenny	
(Printed or typed name of signee)	
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the lim	egistered agent and agree to act in this capacity. I further agree to uses relative to the proper and complete performance of my duties, so obligations of my position as registered agent as provided for in not is being filed to merely reflect a change in the registered office wited liability company has been notified in writing of this change.
(Signature of Registered Agent)	

FILING FEE: \$25.00

INHS18(10/99)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314