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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 limite	d liability company is:	KEG CAR	r llc	·			
2. The mailing address of	the limited liability con	mpany is:	3101 NW	112 A	veni	1e,	
Coral Springs,	Florida 33065						
November 27, 20		1	L02000031927				
3. Date of filing/registration in Florida			4. Document number				
5. The name of the registe Florida Department of S		ered office a	ddress as shown o	n the re	cord	s of the	
-	Filing, Inc	. •					
		Name		· -		·	
	A	Address					
	Ft. Lauderd City, S		33311	∄SE SE	02		
6. The name and address of	-			CRETA	图		
	Peter A. Ros	se, Esq.		SSEE	Ġ	Ē	
	5295 Town Ce	Name enter Roa	d, Suite 300	OF STIMILE	金票	Ü	
	Florida street address	(P.O. Box N	OT acceptable)	夏角	ਜ਼ ਪੁੱਜੀ		
	Roca Raton	FL 3348	36				
		tate and Zip					
If the limited liability com- confirmed that after the ch and the business office of liability company, it is her of the members of the lim- or the operating agreemen	nange or changes are ma the registered agent will be confirmed that the chited liability company of	ade, the Flori I be identical change(s) was or as otherwi	ida street address of l. Or, in the case of as/were authorized	of the re of a Flo by an	giste rida affin	red office limited mative vote	
(Signature of a member of author	ized representative of a member	er)	. -	-		•	
Donald Hazlewood							
(Printed or typed name of signee))						
I hereby accept the appoi comply with the provision and I am familiar with an Chapter 608, F.S. Or, if t address, I hereby confirm	ntment as registered age s of all statutes relative d accept the obligations his document is being fi that the limited liability	ent and agre to the prope of my positi led to merely company ha	e to act in this cap r and complete per on as registered a y reflect a change as been notified in	acity. forman gent as in the ri writing	I furi ice o prov egișt of ti	ther agree to f my auties, ided for in ered office his change.	

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

INHS18(10/99) FILING

(Signature of Registered Agent)