L0200032980

(Req	uestor's Name)	1
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S. HAWKES
FEB 0 4 2009
EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: K and N Hauling LLC (Name of L	imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Gene Kwapnioski (Name of Person)	
K and N Hauling LLC (Firm/Company)	
97008 Morgans Way	
(Address)	
Yulee FL 32097	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Lucy Nadeau at	t (904) 491-0193
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
☑ \$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. Name of the limited liability company: K and N H	auling LLC	
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: <u>97008 Morgans Way</u> Yulee FL 32097	5 5
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	97008 Morgans Way Yulee FL 32097	
12-10-2002 3. Date of filing/registration in Florida	L02000032980	
5) (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	Lucy Nadeau 2	
Registered Office Address:	97008 Morgans Way Yulee FL 32097	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: Gene Kwapnioski	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	97008 Morgans Way Yulee ■,FL 32097	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited	d
Gene Kwapnioski (Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifications.	 agree to act in this capacity. I further agree to proper and complete performance of my duties, and l	ī

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)