## LO2 0000 33717

Kealing a Marc (Requestor's Name) 10276 River Side DR (Address)
(Requestor's Name)
(Address)
(Address)
Jaln Deux Garden, 71 (City/State/Zip/Phone #) 324/11
(City/State/Zip/Phone #) 334M
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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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 limited liability company is: Keating Moore Investments, LLC
2. The mailing address of the limited liability company is: 10276 Riverside Dr.
Palm Beach Gardens, FL 33410
12/16/02 L0200033717  3. Date of filing/registration in Florida  4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Valdes-Fauli Cornorate Services, Inc.
3400 One Biscayne Tower 2 South Biscayne Blud. Address
Address
Miami, FL. 33131 City, State and Zip
6. The name and address of the new registered agent and/or office:
Tassala Kentance
Name
Florida street address (P.O. Box NOT acceptable)
ASS 51
talm Beach Gartens 33910
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is liereby confirmed that after the change or changes are made, the Florida street address of the registered of fice
and the business office of the registered agent will be identical. Or, in the case of a Florida infitted is 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.
J. M. K.
(Signature of a member or authorized representative of a member)
(Printed or typed name of signee) (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 auties, 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.
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** 

INHS18(10/99)