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SECRETARY OF STATE SHOTSIDE OF CORPORATIONS



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: KE LIGHTON, LLC
2. The mailing address of the limited liability company is: 2(4) NF 6 th Street D 2 Ratio T1 33432
559 NE 6 - Street Bole Katan 7 C 33932
Sily 16, 2003 <u>LO3 000025883</u>
3. Date of filing/fegistration 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:
Address City, State and Zip 6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:
Byon Anderson = ==================================
Namel of Gr
354 NE 6 th Stroet
Florida street address (P.O. Box NOT acceptable) FLOCA RATON FL 3343Z
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member of anthorized representative of a member) (Separio Catista.
(Printed or typed name of signee) Leavable greent the appointment as registered agent and agree to act in this capacity. I further agree to
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 duties, 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.
Designantice of Registered Agent)

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

INHS18(10/99)

FILING FEE: \$25.00