

LO3000631980

(Requestor's Name)

KFRE, Ltd.
P.O. Box 55-9033
Miami, FL 33255-9033

(City/State/Zip/Phone #)

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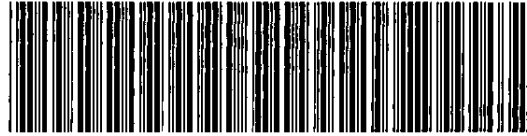
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
ACT 10 2811
EXAMINER

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: KALBACK HOLDINGS, LLC

2. (a) Principal office address of limited liability company: 6262 SW 40 Street

(Note: **MUST BE STREET ADDRESS**)

Suite 2-J

(b) Mailing address of limited liability company:

c/o KFRE, LTD

(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 55-9033

Miami, Florida 33155

Aug. 19, 2003

L03000031980

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Simon, Gary P

Registered Office Address:

9100 So. Dadeland Blvd

Suite 504

Miami, Florida 33156

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Simon, Gary P

NEW Registered Office Address:

9500 So. Dadeland Blvd

(**MUST BE FLORIDA STREET ADDRESS**)

Suite 708

Miami, FL 33156

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, 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.

Mary Lumannick
Signature of a member or authorized representative of a member

MARY LUMANNICK

Printed or typed name of signer

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.

Gary P Simon
Signature of Registered Agent

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

FILING FEE: \$25.00

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OCT - 7 AM 10:00
TALLAHASSEE, FLORIDA
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