## 104000019232

Requestors Name  126 W. Plant St Winter Garden, Fl 34787 Ph: 407-877-2722
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2)
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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: KMK He	oldings LLC
2. The mailing address of the limited liability company is :	
Winter Garden, Florida 34787	
March 12, 2004	L04000019232
3. Date of filing/registration in Florida	4. Document number
<ol> <li>The name of the registered agent and the registered offic Florida Department of State:</li> <li>Kathleen L. Ashton</li> </ol>	e address as shown on the records of the
Name 985 Almond Tree Circle	***************************************
Address Orlando, Florida 32835	O4D
6. The name and address of the new registered agent and/or	7 J
Kathleen L. Ashton	- Fig. 7.
126 West Plant Street	NOT accentable)
Florida street address (P.O. Box	( NOT acceptable)
Winter Garden <sub>FL</sub> 347	87
City, State and Zi	p
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
(Signature of a member or authorized terretentative of a member)	<del>-</del>
Kurt Kazmaier	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
(Signature of Registered Agent)  Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314

FILING FEE: \$25.00