## L04000024929

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(R	equestor's Name)
(A	ddress)
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PICK-UP	MAIL MAIL
(B	usiness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	Filina Officer:
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T.Hampton DEC - 3 2007

## **COVER LETTER**

19.

TO: Registration Section Division of Corporations	
SUBJECT: K2 Evolution LLC (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Katharine Wertz (Name of Person)	
K2 Evolution LLC (Firm/Company)	
605 Cresent Executive Court, STE 320	
(Address)	
Lake Mary, FL 32746	•
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Katherine Wertz at e	(407 ) 805-9851
(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 ar	nount:
\$25 Filing Fee	

## 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 limit	ed liability compa	any is: K2 Evolution LLC		·
2. The mailing address of	of the limited liabil	lity company is : 605 Cresent Exec	utive Court, STE 320,	
Lake Mary, FL 32746				,
04/01/2004		L04000024929		
3. Date of filing/registration in Florida		4. Document n	umber	
5. The name of the regist Florida Department of		e registered office address as show	n on the records of the	
1	Donald J Haco	chenberger		
		Name	_	
	605 Cresent Ex	ecutive Court, STE 332		
		Address	_	0
	Lake Mary FL 3	2746	97	<u>₹</u>
		City, State and Zip	- 3	<u>5</u> 8
6. The name and address	of the new registe	ered agent and/or office:	07 NOV 30 AM JI: 14	FIL FIL FIL FIL FIL FIL FIL
	Katherine Wert	Z	·_	ED COFSTATE ORPORATIONS
	Name		, Annuago 	STA
	605 Cresent Executive Court, STE 320		=	316
	Florida street a	ddress (P.O. Box NOT acceptable)	) <del>*</del>	<del>S</del> S
	Lake Mary	FL 32746	<u></u>	
	, (	City, State and Zip		
confirmed that after the cand the business office o liability company, it is he	change or changes of the registered agereby confirmed the mited liability coment of the limited liability.	nized under the laws of the State of are made, the Florida street addressent will be identical. Or, in the case the change(s) was/were authorized pany or as otherwise provided in the identity company.	ss of the registered off se of a Florida limited zed by an affirmative	vote
Katharine Wertz, MGR M	lember			
(Printed or typed name of signed	<del>)</del>	<del></del>		
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confire	ointment as registe ns of all statutes r nd accept the oblig this document is b n that the limited l	ered agent and agree to act in this elative to the proper and complete gations of my position as registere being filed to merely reflect a chan liability company has been notified	capacity. I further ag performance of my du d agent as provided fo ge in the registered of in writing of this char	ree to ities, r in fice ige.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tall