

W4000026491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

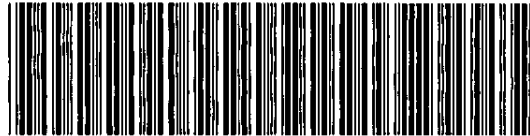
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Killian Partners, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria R. Smith
Name of Person

Firm/Company

11775 SW 92nd Terrace
Address

Miami, FL 33186
City/State and Zip Code

yoyasmith@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria R. Smith at (305) 271-0647
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 amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Killian Partners, LLC

2. (a) Killian Partners, LLC (b) Killian Partners, LLC

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
11775 SW 92nd Terrace
Miami, FL 33186

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
11775 SW 92nd Terrace
Miami, FL 33186

3. March 29, 2004 Date of filing/registration in Florida 4. L04000026491 Document number

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

Maria R. Smith
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1421 SW 102nd Avenue
Miami, FL 33174

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

NEW Registered Office Address:
11775 SW 92nd Terrace
Miami, FL 33186

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.

Maria R. Smith
 Signature of a member or authorized representative of a member

Maria R. Smith
 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 605, 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.

Maria R. Smith
 Signature of Registered Agent