L04000035634

Jeffrey M. Lasnvin, Esa (Requestor's Name)				
100 Man Law Film, RA.				
(Address)				
6152 De lancey Station St (Address) SI#205				
RILETVIEW M. 33549 (City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(December 1997)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500057514615

07/25/05--01032--005 **50.00

SECRETARY OF SIALE DIVISION OF CORPORATION

N Cullian III 28 2006

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	ted liability company is: KAF	REN M. ROSS, LLC	
2. The mailing address of	of the limited liability company is	: 12409 Pathway Court,	
Riverview, Florida 33			
May 11, 2004		L04000035634	
3. Date of filing/registra	tion in Florida	4. Document number	
5. The name of the regis: Florida Department of		ice address as shown on the reco	rds of the
	Name 115 Providence Road		a <u>P</u>
	Address Brandon, Florida 33511 City, State and		SECRETARY DIVISION OF CO 05 JUL 25
6. The name and address	of the new registered agent and	•	
	Jeffrey M. Lasman, Esquire		OF STATE OF
	Name 6152 Delancey Station Stre	et, Suite 205	75.7 Tions
	Florida street address (P.O. B	ox NOT acceptable)	
	Riverview, FL 33	3569	
	City, State and	Zip	
confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement.	change or changes are made, the fifthe registered agent will be identified that the change (claws of the State of Florida, it is Florida street address of the regis attical. Or, in the case of a Florida s) was/were authorized by an affixise provided in the articles of organized.	stered office a limited rmative vote of
Karen M. Ross-Hetze	I		
(Printed or typed name of signed	:)		
comply with the provision and bam familiar with a Chapter 608, F.S. Or, if addiess, I hereby confirm	pintment as registered agent and ns of all statutes relative to the puddaccept the obligations of my public document is being filed to make that the finited liability compa	agree to act in this capacity. I furoper and complete performance osition as registered agent as preserved relect a change in the reging lines been notified in writing of	orther agree to of my duties, ovided for in stered office this change.
(Signature of Registered Agent) Divisi	on of Corporations, P.O. Box 6	327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INH\$18(10/99)