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| (Req | uestor's Name) | |
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| (City) | /State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Busi | iness Entity Nam | ne) |
| | | |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| SUBJECT: KCB ENTERP (Name of Limit | ited 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 | s matter to the following: |
| KAREN BRIDGES (Name of Person) | · · · · · · · · · · · · · · · · · · · |
| KCB ENTERPRISES, LL (Firm/Company) 504 2ND AVE NW (Address) | 2006 JUL 24 PM 1: 45 SECRETARY OF STATE IALLAHASSEE FLORES |
| CONOVER NC 2 (City/State and Zip Code) | 861 <u>3</u> |
| For further information concerning this matter, p | please call: |
| KAREN BRIDGES at (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 a | mount: |
| ☐\$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 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:KCB ENTERPRISES, LLC |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. The mailing address of the limited liability company is: 504 2ND AVE NW |
| CONOUER NC 28613 |
| 5/7/04 L04000037537 |
| 3. Date of filing/registration in Florida 4. Document number |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: |
| KAREN L. BRIDGES |
| |
| Z1218 ST. ANDREWS BLUD, #729 |
| Address |
| BOCA RATION, FL 33486 City, State and Zip |
| |
| 6. The name and address of the new registered agent and/or office: |
| Address BOLA RATION, FL 33486 City, State and Zip 6. The name and address of the new registered agent and/or office: TANIC PRINCE Name 303 SW NABBLE AVE |
| Name For |
| 303 SW NABBLE AVE SON FOR |
| Florida street address (P.O. Box NOT acceptable) |
| • |
| PT ST Lucio FL 34953 |
| City, State and Zip |
| 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. (Signature of a member or authorized representative of a member) |
| (Printed or typed name of signee) |
| (Printed or typed name of signee) |
| 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. (Signature of Registered Agent) |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 |
| FILING FEE: \$25.00 |