## L05000019979

(Req	uestor's Name	)
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	ame)
(Doc	cument Numbe	r)
Certified Copies	Certificat	es of Status
Special Instructions to F	Filing Officer:	

Office Use Only



500092293995

07 MAR 23 PH SECRETARY OF ALL AHASSEE.

23 PM 1:09

RECEIVED

OT HAR 23 AM 8: 39

OF SANIONS

OF SANIONS

OF SANIONS



ACCOUNT NO. : 072100000032

REFERENCE: 816789 121767A

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 22, 2007

ORDER TIME : 4:44 PM

ORDER NO. : 816789-005

CUSTOMER NO: 121767A

## CHANGE OF AGENT

NAME: CKG INVESTMENTS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

## 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 company is: CKG I	NVESTMENTS, LLC	·
2. The mailing address of	f the limited liability company	is: 8367 SW 137 AVENUE	MIAMLAFLA33 R.
			Con the se
	·		11/2 10
FEBRUARY 28, 2005	· ·	L05000019979	3,70, <b>2</b>
3. Date of filing/registra	tion in Florida	4. Document number	or Fig. 1
5. The name of the regist Florida Department of	ered agent and the registered of	ffice address as shown on	the records of the
i lorida izopaj siloni or	LINDA C. K	इ.स.	<u> </u>
	Name		,
, , , , , , , , , , , , , , , , , , , ,	2 Alhambra Plaza,	Suite 1202	
	Address		
	Coral Gables, Flor		•
	City, State ar		
6. The name and address	of the new registered agent and	l/or office:	
	LINDA C. KI	ERR .	• • • • • • • • • • • • • • • • • • • •
•	Name	,	•
	8367 S.W. 137th A	Avenue .	
`	Florida street address (P.O. I	Box NOT acceptable)	
•'	Miami FL	33183	
•	City, State and		•.•
confirmed that after the cand the business office o liability company, it is he of the members of the li	npany is not organized under the hange or changes are made, the fitte registered agent will be idereby confirmed that the change mited liability company or as our of the limited liability company.	e Florida street address of entical. Or, in the case of e(s) was/were authorized b therwise provided in the a	the registered office
- / What	KILL	<u> </u>	•
(Signature of it member or autho	rized representative of a member)	•	<i>:</i>
Linda C. Kerr, Authorized R	epresentative		
(Printed or typed name of signee	) :	<del></del> ;	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 168 J. S. Or, if address I hereby confirm (Signature of Registered Agent)	nintment as registered agent and as of all statutes relative to the add accept the obligations of my this document is being filed to a that the limited liability completely.	I agree to act in this capa proper and complete perf position as registered age merely reflect a change in any has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office or this change.
(3) Marie III ROBINIOIO AROM)	Linda C. Kerr, Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassec, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)