## L05000040785

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, (Cit	y/State/Zip/Phor	ne #)
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SECKETARY OF STATE DIVISION OF CORPORATION

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B. KOHR

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**EXAMINER** 

## **COVER LETTER**

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SUBJECT: KMS Services, L.L.C.	
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	ng this matter to the following:
Michael P. Short	
Name of Person	
KMS Services, L.L.C.	
Firm/Company	
651 Prospect Hill Road	•
Address	
• •	
Osteen, Florida 32764	
City/State and Zip Code	
MS HORT @ HUFF E-mail address: (to be used for future annual repor	(FS, NET
For further information concerning this ma	itter, please call:
Michael P. Short	at ( 407 ) 353-5387
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ring 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 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.

Name of the limited liability company:	KMS Services, L.L.C.	
2. (a) Principal office address of limited liability compar	ny: 651 Prospect Hill Road	
( <u>Note: MUST BE STREET ADDRESS</u> )	Osteen, FL 32764	
(b) Mailing address of limited liability company:	651 Prospect Hill Road	
(Note: MAY BE POST OFFICE BOX)	Osteen, FL 32764	
04/26/2005	L05000040785	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	Pilcher, David Esq.	
Registered Office Address:	c/o Law Offices of David Pilcher P.L.C.  159 Lookout Place, Suite 101  Maitland, FL 32751-4466	
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:	
NEW Registered Agent:	Estate Planning and Legacy Law Center, PLC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	159 Lookout Place, Suite 101  Maitland ,FL32751-4466	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote	
Michael P. Short		
Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, thereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in a serily reflect a change in the registered office my has been notified in writing of this change.	
Signature of Registered Agent	Estate Planning and Legacy Law Center, PLC	

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

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