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(Requestor's Name)				
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☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	s of Status			
Special Instructions to Filing Officer:				
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

07 JAN -3 PH 2: 42

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUB	JECT: KH&C Investments, LLC (Name o	C f Limited Liabilit	y Company)	
Dear	Sir or Madam:			
The	enclosed Registered Agent/Registered	l Office Change a	nd fee(s) are submitted for filing	;•
Pleas	se return all correspondence concerni	ng this matter to th	he following:	
Albe	ert A. Sanchez, Jr. (Name of Person)			
<u>кн</u>	& C Investments, LLC			
	(Firm/Company)			01 01
8470	Enterprise Circle, Suite 300			JAN
	(Address)		•	0F C
Brad	enton, FL 34202			O7 JAN -3 PM 2: 42
	(City/State and Zip Code)		•	2: 42
For f	urther information concerning this ma	atter, please call:		C
Albe	rt A. Sanchez, Jr.	at (<u>941</u>	366-1001 ext. 322	
	(Name of Person)	(A	Area Code & Daytime Telephone	: Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	•
	Enclosed is a check for the follow	ving 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.

vigorit, or conti, in the stone of 1 to 1		
1. The name of the limited liability	y company is: KH&C Investments, LLC	
2. The mailing address of the limit	ted liability company is : 8470 Enterprise Circ	le, Suite 300
Bradenton, FL 34202		
OF IOT IOOOF	1.05000040044	
	05/05/2005 L05000046641	
3. Date of filing/registration in Flo	orida 4. Document num	iber
5. The name of the registered agen Florida Department of State:	at and the registered office address as shown of	on the records of the
Albert A	A. Sanchez, Jr.	
	Name	
1133 4t	h Street, Suite 302	07
	Address	7 38
Sarasot	a, FL 34236	SECRET
	City, State and Zip	-3 PARE
6. The name and address of the nev	w registered agent and/or office:	PH 2: 42
Albert A	A. Sanchez, Jr.	STATE ORATIONS 1 2: 42
	Name	i i i i i i i i i i i i i i i i i i i
8470 En	terprise Circle, Suite 300	2 85
Florida	street address (P.O. Box NOT acceptable)	
Bradento	on FL 34202	
	City, State and Zip	
and the business office of the regist liability company, it is hereby conf	not organized under the laws of the State of Fichanges are made, the Florida street address of tered agent will be identical. Or, in the case of firmed that the change(s) was/were authorized ility company or as otherwise provided in the imited liability company.	of the registered office of a Florida limited I by an affirmative vote
(Signature of a member or authorized represen	ntative of a member)	
Albert A. Sarchen, Jr (Printed or typed name of signee)	-	
I hereby accept the appointment accomply with the provisions of all stand I am familiar with and accept the Chapter 608, F.S. Or, if this document address, I hereby confirm that the left (Signature of Registered Rent)	s registered agent and agree to act in this cap tatutes relative to the proper and complete pe the obligations of my position as registered a ment is being filed to merely reflect a change limited liability company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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