

DOCUMENT# L05000053527

Entity Name: KATHLEEN ACCOUNTING AND TAX SERVICE, LLC

New Principal Place of Business:**New Mailing Address:**

FEI Number: _____ **FEI Number Applied For (X)** _____ **FEI Number Not Applicable ()** _____ **Certificate of Status Desired ()** _____

Name and Address of New Registered Agent:

ODEM, STEVE
3703 PUBLIX ROAD
LAKELAND, FL 33810 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ODEM, STEVE
Address: 3703 PUBLIX ROAD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ODEM, J S
Address: 3703 PUBLIX ROAD
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J. S. ODEM

MM/M

02/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date