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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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(Document Number)		
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EXAMINER

COVER LETTER

Division of Corporations KS&K,LLC **SUBJECT:** 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 this matter to the following: Kevin C. Reid Name of Person K. Reid, CPA, Inc. Firm/Company 3890 Turtle Creek Dr., Suite B Address Port Orange, FL 32127 City/State and Zip Code pmoniz@kreid-cpa.org
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kevin Reid 386 788-6057 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 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ✓ \$25 Filing Fee \$55 Filing Fee & Certified Copy

INHS18 (5/08)

TO:

Registration Section

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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 07/01/2005 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: 3890 Turtle Creek Drive Suite B Port Orange, FL 32127	1. Name of the limited liability company:	KS&K, LLC
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) O7/01/2005 Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: 3890 Turtle Creek Drive Suite B Port Orange, FL 32127	2. (a) Principal office address of limited liability company	: 2788 Cypress Head Trail
(Note: MAY BE POST OFFICE BOX) 07/01/2005 1. L05000065524 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: 3890 Turtle Creek Drive Suite B Port Orange, FL 32127	(Note: MUST BE STREET ADDRESS)	Oviedo, FL 32765
27/01/2005 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: 3890 Turtle Creek Drive Suite B Port Orange, FL 32127	(b) Mailing address of limited liability company:	same
3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Suite B Port Orange, FL 32127	(Note: MAY BE POST OFFICE BOX)	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Suite B Port Orange, FL 32127	07/01/2005	L05000065524
Registered Agent: Registered Office Address: Suite B Port Orange, FL 32127	3. Date of filing/registration in Florida	4. Document number
Registered Office Address: 3890 Turtle Creek Drive Suite B Port Orange, FL 32127	5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Port Orange, FL 32127 57	Registered Agent:	Friebis, Daniel S
Transfer of the control of the contr	Registered Office Address:	Julie D 24135 . ——
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address (b)		Port Orange, FL 32127 5 5
NEW Registered Agent: K. Reid, CPA, Inc.	NEW Registered Agent:	K. Reid, CPA, Inc.
NEW Registered Office Address: 3890 Turtle Creek Drive (MUST BE FLORIDA STREET ADDRESS) Suite B Port Orange ,FL32127	(MUST BE FLORIDA STREET ADDRESS)	Suite B
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(\$) 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 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 any 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.	of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision of an amount of the provision of the obligations of my possible to the provision of the obligations of the provision of the obligations of the provision of the obligation of the provision of the limited liability company	was/were authorized by an affirmative vote vise provided in the articles of organization
Signature of Registered Agent Pivision of Corporations, P.O. Box 6327, Tallahassee, FL 32314	7/ "//	7 Tallahassee FI. 32314

FILING FEE: \$25.00