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SECRETARY OF STATE ALLAHASSEF, FLORIDA

AND



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K.L INVES	TOR GROUP, LLC								
Name of Limited Liability Company									
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.							
Please return all correspor	ndence concerning this matter t	to the following:							
	TECK S. NG								
•		Name of Person							
	K.L INVESTOR GROUP,	LLC.							
	RE NV BOTOR GROOT,	Finn/Company							
	1501 0 10 1/060								
	1531 Drexel Road, #269	Address							
	W. Palm Beach, FL 33417								
		City/State and Zip Code							
	ng_t@bellsouth.net	to be used for future annual report no	tification)						
			ineation)						
For further information co	ncerning this matter, please ca	ll:							
TECK S. NG		at (561) 317-1 <u>99</u> 2							
Name of Person			me Telephone Number						
Enclosed is a check for the	e following amount:	A STATE OF THE STA							
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

, STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company:	KU:	Investor	(Stoup	L. L. C_	
2. (a)	150 · Aa ·		_ (b)			
()	Principal office address of limited liability (Note: MUST BE STREET ADDR)		_	Mailing address of limited (Note: MAY BE POST		
	tot 269 West Pr		AUL	(Note. MAT BL 1051		
	FC 33417.					
	1/21/200			L05000	07195	<u>3.</u>
3.	Date of filing/registration in Flor	_	4.	Document number		
5. (a)	WILLIAM P			-		
	Registered Agent and Registered Office shown on					
	5930 BUCLANE			<u> </u>		
	Registered Office Address (MUST BE FLORI	DA STREET AL	DDRESS)			
	WEST PA	im 83.8	FACH.	_		
		, FL_	33417	<u>.</u>		
(b)	REBELLA MF	PREE			SECRETAR ALLAHASS	<u>.</u>
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		Office address:	_	HA.	- -
	NEW Registered Office Address: RIVERA	IPGE	PR.		TARY OF ASSEE, F	, ,
	NEW Registered Office Address:		_	_	1. S. V.	
	RIVIERA	BEA	cot		2: 49 FLORID	-
					9 DA DA	•
		, FL_	3340	04.		
the cha agent was/w the art Signa I here provis the obs	imited liability company is not organized ange or changes are made, the Florida stree will be identical. Or, in the case of a Floriere authorized by an affirmative vote of the icles of organization or the operating agree ture of a member or authorized representative of a representative of the proper a ligations of my position as registered agency reflect a change in the registered officient of this change.	et address of t da limited lial e members of ement of the l	the registered offi bility company, it the limited liabil imited liability co	ce and the business of is hereby confirmed the ity company or as other or typed name of the printed or typed name of the ity confirmed or typed name of the	fice of the registe hat the change(s) erwise provided in the change of signee	ered) in
	d in writing of this change. The of Registered Agent					
Signatt	ne or registered Agent					