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ANITA L. BARBER, P.A. 636 WEST YALE STREET, SUITE 100 ORLANDO, FLORIDA 32804
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SECRETARY OF STATE
IVISION OF CORPORATIONS



Law Offices of Anita L. Barber, P.A.

Anita L. Barber*

*Admitted FL and GA Bars, LL.M. in Taxation Certified Public Accountant 636 West Yale Street Orlando, Florida 32804 Web Site: www.abarberlaw.com

Telephone: 407-472-0595 Facsimile: 407-472-0594 Richard G. Shanklin Chief Operating Officer

September 29, 2006

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

Re:

KJ Rock Holdings, LLC

Dear Sir or Madam:

Please find enclosed a Statement of Change of Registered Office or Agent or Both for Limited Liability Company for KJ Rock Holdings, LLC. Please notice that in addition to the registered office and registered agent changing, the mailing address of the company has changed to 56 Elwood Road, Northport, NY 11768.

Thank you for filing these changes. I have enclosed my firm's check in the amount of \$25.00 for the filing fee.

Please call me should you have any questions.

Very truly yours,

Anita L. Barber, P.A.

ant 2 South

Anita L. Barber, Esq.

Enclosures

cc: Lawrence J. Nagel

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.

1. The name of the limited liability com	
2. The mailing address of the limited lia	bility company 😿: 1401 Cardinal Road, Orlando, FL 32803
	Elwood Road, Northport, NY 11768
August 9, 2005	L05000078404
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and t Florida Department of State:	the registered office address as shown on the records of the
Lawrence J.	Nagel
	Name 28 3
1401 Cardina	I Road S
	Address
Orlando, FL 3	
	City, State and Zip
6. The name and address of the new regis	stered agent and/or office:
Julie Fischer	
4018 Willow B	Name
Florida street	address (P.O. Box NOT acceptable)
Winter Garder	n FL 34787
	City, State and Zip
confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed	ganized under the laws of the State of Florida, it is hereby es are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote ompany or as otherwise provided in the articles of organization liability company.
M Li	
(Signature of a member or authorized representative of	of a member)
Kristen L. Nagel MANAGER (Printed or typed name of signee)	
I hereby accept the appointment as registive comply with the provisions of all statutes and I am familiar with and accept the ob Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited	stered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, ligations of my position as registered agent as provided for in solving filed to merely reflect a change in the registered office diability company has been notified in writing of this change.
(Signature of Registered Agent)	
Division of Corporati	ions, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00