## L05000080136

•
(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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NOTALISECRETARY OF STATE

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUB		AT, LLC				
	(Na	ame of Limite	d Liability	Company)		
Dear	Sir or Madam:					
The e	enclosed Registered Agent/Regi	stered Office	Change an	d fee(s) are subm	nitted for filing.	
Pleas	e return all correspondence con-	cerning this n	natter to the	e following:		
	G. Kristin Delano				200 SE TAL	
	(Name of Person)					
<del></del>	Biber O'Toole Delano Fowl	er & Clarks	on PL		2001 AUG -1 P 4: 3 SECRETARY OF STATE VLLAHASSEE, FLORID,	
	(t init Company)				. SI	
	360 Central Avenue, Suite 1	560			ATE RIDA	
	(Address)					
	St. Petersburg, FL 33701					
	(City/State and Zip Coo	ic)				
For f	urther information concerning th	his matter, ple	ease call:			
	G. Kristin Delano	at (	727 <sub>)</sub>	894-5422		
	(Name of Person)		(A	rea Code & Dayt	ime Telephone N	(umber)
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS:	Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 3231		
	Enclosed is a check for the f	following am	ount:			
	<b>✓</b> \$25 Filing Fee		<b>\$55 1</b>	Filing Fee & Cert	tified 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.

1. The name of the limited	d liability company is	KAT, LLC	··· <u>·</u>		·			
2. The mailing address of	the limited liability	company is : 2020 Michigan Aver	nue NE					
		St. Petersburg, FL	33703	·				
08/12/2005		L05000080136						
3. Date of filing/registrati	on in Florida	4. Document number						
5. The name of the registe Florida Department of S	red agent and the reg State:	istered office address as shown	on the	record	s of the			
•	Ed Rawls		_					
	8950 Dr ML k	Name King St N., #190	SECRETARY TALLAHASSEE	2007 AUG - I	<b>-71</b>			
	Ot Datasahasa	Address	HA THA	9	- T			
	St. Petersbur	g, FL 33702 y, State and Zip	SSE -SE	<u> </u>				
6. The name and address of	·	•	OF STATE EE, FLORIDA	Ū <del>∷</del>				
	G. Kristin De	lano		u u				
	360 Central A	Name Ave., Ste 1560	' '>' '					
	Florida street addre	ess (P.O. Box NOT acceptable)						
	St. Petersbur	rg <sub>FL</sub> 33701		_				
	City,	State and Zip						
confirmed that after the cl and the business office of liability company, it is he of the members of the lin or the operating agreemen	nange or changes are the registered agent reby confirmed that t nited liability compar at of the limited liabil	d under the laws of the State of made, the Florida street address will be identical. Or, in the case he change(s) was/were authorized or as otherwise provided in the ity company.	s of the e of a Fl ed by a	registe lorida n affin	ered office limited mative vote			
/ (2221-0225-0	Rul							
(Signature of a member or author	ized representative of a men	nocr)						
Kathleen D. Rawls		·						
(Printed or typed name of signee)				T 6				
I hereby accept the apportunity of the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered in sof all statutes related accept the obligation in the limited liabi	agent and agree to act in this c ive to the proper and complete p ons of my position as registered g filed to merely reflect a chang lity company has been notified i	apacity. Perform agent a re in the in writii	I fur ance of is prov registing of t	ther agree to of my duties, vided for in tered office his change.			
(Signature of Registered Agent)								

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