L05000085679

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06 JAN 18 PN 2: 35 SECRETARY OF STATE ALLAHASSEE FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: KS&M Investments, LLC (Name of Limit	ted Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Thedore J. Hamilton (Name of Person)				
Wetherington Hamilton Harrison & F (Firm/Company)	Fair, P.A .			
PO Box 172727				
(Address)				
Tampa, FL 33672-0727				
(City/State and Zip Code)				
For further information concerning this matter, pl	lease call:			
Jessica Zehr at ((813) 225-1918 x17			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following an	nount:			
✓ \$25 Filing Fee	\$55 Filing Fee & Certified 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 limit	ed liability company	is: KS&M Inve	estments, LLC			
2. The mailing address o	f the limited liability	y company is : _				
8001 N. Dale Mabry, S	uite 501H, Tampa	, FL 33614				
8/26/2005			L05000085679			
		4. Document nun	nber			
5. The name of the registre Florida Department of	State:	_	address as shown o	on the reco	ords o	f the
	Theodore Han	Name				
	400 N. Tampa S		2625			
	400 N. Tampa S	Address	2025			
	Tampa, FL 3360					
		ity, State and Zi	p			
6. The name and address	of the new registered	d agent and/or o	office:	TALL	90	
	Theodore Hami	ilton		CRE LAH		
	<u></u>	Name		TA!		<u> </u>
	1010 N. Florida			SE3Y	8	
	Florida street addr	ress (P.O. Box I	NOT acceptable)	TARY OF STATE ASSEE FLORID	2	ED
	Tampa	FL 3360)2	ORIT	Š	
	City	y, State and Zip		A	35	
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement	hange or changes are the registered agent reby confirmed that nited liability compa nt of the limited liabi	e made, the Flor t will be identice the change(s) wany or as otherwall ility company.	rida street address of al. Or, in the case of vas/were authorized	of the regi: of a Florid d by an aff	stered la lim firmat	l office ited ive vote
(Signature of a member or author		ember)				
(Printed or typed name of signee)	19tts					
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F4S. Or, if the address, I Hereby confirm (Signature of Registered Agent)	intment as registered is of all statules relat d accept the obligate his document is beir that the limited liab	d agent and agr tive to the prop ions of my posit ng filed to mere ility company h	ee to act in this caper and complete pe fon as registered a ly reflect a change has been notified in	pacity. I formance rformance gent as pr in the reg writing of	urthei of m ovide istere f this	r agree to y duties, d for in d office chänge.

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