

L05000 92370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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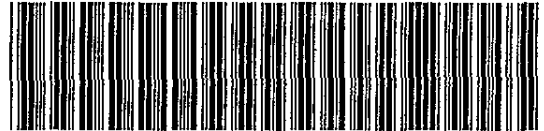
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TERMINELLO + TERMINELLO

Requestor's Name

2700 SW 37 AVE

Address

Miami, FL 33133

City

State

ZIP

Phone

(305) 444-5002

CORPORATION(S) NAME

K. SWELL, L.L.C.

# L05000092370

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                                |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                                  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation     | <input checked="" type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem                       |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up                    |
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** K. SWELL, L.L.C.

(Name of corporation)

**DOCUMENT NUMBER:** L05000092370

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louis J. Terminello, Esq.

(Name of contact person)

TERMINELLO & TERMINELLO, P.A.

(Firm/Company)

2700 S.W. 37th Avenue, 1st Floor

(Address)

Miami, FL 33133

(City/state and zip code)

For further information concerning this matter, please call:

Louis J. Terminello, Esq.

(Name of contact person)

at (305)

444-5002

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS LLC

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: K. Swell, L.L.C.
2. The principal office address: 735-737-739 Washington Avenue  
Miami Beach, FL 33139
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 09/20/2005 Document number: L05000092370

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Spiegel & Utrera, P.A.

1840 S.W. 22nd Street, 4th Floor

Miami, FL 33145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Louis J. Terminello, Esq. c/o TERMINELLO & TERMINELLO, P.A.

2700 S.W. 37TH AVENUE

(P.O. Box NOT acceptable)

MIAMI, FL 33133

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
(Signature of an officer or director)

Muriel Lindsey Christopher, Mgr

\_\_\_\_\_  
(Printed or typed name and title)

*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 and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
(Signature of Registered Agent)  
Louis J. Terminello, Esq.

December 20, 2005

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

Louis J. Terminello  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314