105000098548

| (Re | equestor's Name) | |
|---|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000210439710

08/01/11--01042--005 **55.00

FILED 11 AUG -1 PH 读山。 SCURETARY OF STATE PALLAHASSEE, FLORIDA

D. BRUCE

AUG 0 2 2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: Kaufman Ent Name of Limited L | iability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Cha | ange and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| Doris Kaufman Name of Person | | |
| Kaufman Enterprises Firm/Company | | |
| 1695-G Lantana Av | స్త్రా 🚅 🔭 | |
| Englewood FL 34 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | roofing. com | |
| For further information concerning this matter, please | | |
| Doris Kaufman at (90) | 41) 681-2595 | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | | |
| \$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. Name of the limited liability company: Kavf | man Enterprises LLC |
|--|--|
| 2. (a) Principal office address of limited liability company | 1695-G Lantana Ave |
| (Note: MUST BE STREET ADDRESS) | Englewood, FL 34224 |
| (b) Mailing address of limited liability company: | 1695-6 Lantana Ave |
| (Note: MAY BE POST OFFICE BOX) | Englewood, FL 34224 |
| 3. Date of filing/registration in Florida | L05000098548 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | |
| Registered Agent: | Mark Kaufman |
| Registered Office Address: | 870 S. McCall Rd Ste 3 Englewood, FL 34223 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | W Registered Office address: |
| NEW Registered Agent: | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1695-G Lantana AVC Englewood, FL 34224 ,FL |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions. | G-I PHISTARY OF STARY |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change. |

Signature of Registered Agent