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(Requestor's Name)
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106-10161

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KMC Holdin (Name of Limited	as LLC d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
James T Anderson Tr	
Kmc Holdings LLC (Fim/Company)	
(Firm/Company)	10 P
1160 W 13th ST (Address)	mg =
Riviera Beach 71 334 (City/State and Zip Code)	THE FIRST AND WA
For further information concerning this matter, ple	rase call:
James T Anderson TR at (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 am	ount:
☑\$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.

. The name of the limited liability company is: KMC Holdings UC.
. The mailing address of the limited liability company is: 1160 W 13+45T
Riviera Beach 71 33409
02-03-06 L06000012161
. Date of filing/registration in Florida 4. Document number
The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Ldward R. Coleman Name 199 Nw 28th 5t Address Boca Raton 7L 33431 City, State and Zip
. The name and address of the new registered agent and/or office:
Florida street address (P.O. Box NOT acceptable) Rivera Beach 7L 33404 City, State and Zip The limited liability company is not organized under the laws of the State of Florida, it is hereby onfirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited
ability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote f the members of the limited liability company or as otherwise provided in the articles of organization representating agreement of the limited liability company.
signature of a member or authorized representative of a member)
Printed or typed name of signée)
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in hapter 608, F.S. Or, if this document is being filed to inerely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent)
a Business of vacContract California

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