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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Corporations			
SUBJECT: K-Realty, LLC			
(Name of I	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	•		
Ana Gonzalez			
(Name of Person)			
KB # 110			•
K-Realty, LLC (Firm/Company)			
( 1 2)	:	07	IVIO S
2600 NW 87 AVE #11	!	<u>_</u>	SION
(Address)		07 JUN 22	SECRETARY OF STATE DIVISION OF CORPORATIONS
		<u> </u>	수 구 구 구
Doral FL 33172 (City/State and Zip Code)		AH 10: 31	ORAI
, , , , , ,	•	$\frac{\omega}{2}$	
For further information concerning this matt	ter, please call:		<b>.</b>
Ana Gonzalez	_ at ( 305 ) 777-5588		
(Name of Person)	(Area Code & Daytime Telephone N	lum	ber)
,			
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

## 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 limite	ed liability company is:	K-Realty, LLC					
2. The mailing address o	f the limited liability com	pany is : 2600 NW 87 AVE #11					
Doral FL 33172							
03/30/2007		L07000033975					
		4. Document number					
5. The name of the registor Florida Department of	ered agent and the registe State:	red office address as shown on the record	is of	the			
· · · · · · · · · · · · · · · · · · ·	Pierina Montano						
		Name		0			
2600 NW 87 AVE #11 Address				SEAI			
	Doral FL 33172	ddress		ION CRE			
•		tate and Zip	07 JUN 22	PATE TO THE			
6. The name and address	of the new registered age	nt and/or office:					
	Dilas Dubia		MH 10: 3	ŠĘ.			
	Pilar Rubio	ame	 င်ာ	ATE VIE			
•	2600 NW 87 AVE #11	ine		SKO			
	Florida street address (	P.O. Box NOT acceptable)					
	Doral FL 33172	FI.					
City, State and Zip							
confirmed that after the c and the business office of liability company, it is he	hange or changes are made the registered agent will reby confirmed that the conted liability company ont of the limited liability of the liability of		ered o limit mativ	office ed ve vote			
Pilar Rubio PLAR							
(Printed or typed name of signee	)						
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered age is of all statutes relative is decept the obligations this document is being fill that the limited liability	ent and agree to act in this capacity. I fur to the proper and complete performance of of my position as registered agent as pro ed to merely reflect a change in the regis company has been notified in writing of i	ther of my vided tered this c	agree to duties, for in office hänge.			
(Signature of Pagistered Agent)	<del>~~~</del>	<del>_</del>					

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