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TALLAHASSEE. FLORIO

J. BRYAN

DEC -7 2009

EXAMINER

COVER LETTER

Division of Corp	orations						
SUBJECT:	Kev	Refer	ral Ne	etwork, I	LLC		
	Name of						_
Dear Sir or Madam:							
The enclosed Registered	Agent/Registered	Office (Change	and fee(s) are submitt	ed for filing.	
Please return all correspo	ondence concerning	g this m	atter to	the follow	ving:		
Da	niel Norden	-		·			
Na	me of Person			_			
	Estate Advisors, II	nc.		_		SECRE))) 1
	o Parkway, Suite	102		_		UEL -4 AFTI STATE CRETARY OF STATE LAHASSEE, FLORID	
Fort M	lyers, FL 33966			_		TATE LORIDA	- - - -
City/St	ate and Zip Code						
Daniel N E-mail address: (to be used	orden@yahoo.co	m notificatio	on)	_			
For further information of	oncerning this mat	ter, plea	ase call	:			
Michael F	'eters	at (671-4		
Name of Per	ion			Area Code &	Daytime Teleph	hone Number	
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid	n ations nter Circle		Reg Div P.O	istration S ision of Co . Box 6327	orporations		
Enclosed is a ch	eck for the followi	ng amo	unt:				
 ✓ \$25 Filing Fee			□ \$5	5 Filing F	ee & Certifi	ed Copy	

TO: Registration Section

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.

Name of the limited liability company:	Key Refe	Key Referral Network, LLC					
2. (a) Principal office address of limited liability comp	pany: _	: 10231 Metro Parkway					
(Note: MUST BE STREET ADDRESS)	Suite 10 Fort My)2 ers, FL 33966					
(b) Mailing address of limited liability company:	<u>1</u>	0231 Metro Par	kway				
(Note: MAY BE POST OFFICE BOX)		Suite 102 Fort Myers, FL 33966					
04/17/2007		L07000040	887				
3. Date of filing/registration in Florida	4. Docum	nent number					
5. (a) Registered Agent and Registered Office shown	on the record	s of the Florida D	ept. of State:				
Registered Agent:	<u>Daniel N</u>	Daniel Norden					
Registered Office Address:	Suite 10	9230 Daniels Parkway Suite 102 Fort Myers, FL 33912					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>land</u>	NEW Registe	red Office addre	OS DEC SECRE	1			
NEW Registered Agent:	Daniel N	Daniel Norden					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10231 N Suite 10 Fort My		FF 33966				
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company.	the laws of the ne Florida streed dentical. Or, is ge(s) was/were otherwise provenany.	State of Florida, et address of the r n the case of a Florial authorized by an ided in the article	it is heleby registered offic orida limited affirmative vo s of organizati				
Signature of a member or authorized representative of a member							
Daniel Norden							
Printed or typed name of signee I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am families with and accept the obligations of my Chapter 608, H.S. Gr. if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	nd agree to ac e proper and c y position as r o merely reflec pany has been	t in this capacity. complete performa egistered agent a: t a change in the notified in writin	I further agre ince of my dut s provided for registered offi g of this chang	e to ies, in ce ze.			