L07000112241

(Requestor's Name)				
(Address)				
(Address)				
•				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SEGRETARY OF STATE
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C. LEWIS
Nov 212012
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2012

HAROLD BOGATZ / KIRKBY INVESTMENTS LLC 6436 COSTA CIR NAPLES, FL 34113

SUBJECT: KIRKBY INVESTMENTS LLC

Ref. Number: L07000112241

We have received your document for KIRKBY INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00026569

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI		nts LLC	/ Company
D 0			,
Dear S	Sir or Madam:		
The en	closed Registered Agent/Registered (Office Change ar	nd fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to th	e following:
Har	old Bogatz		
	Name of Person		
Kirk	by Investments LLC		
	Firm/Company		
643	86 Costa Circle		
	Address		
Nap	oles, FL 34113		
	City/State and Zip Code		
har	oldb@ippe.com		
	mail address: (to be used for future annual report	notification)	
For fu	rther information concerning this mat	ter, please call:	
Jen	nifer Zimmer	_ _{at (} 609	838-6055
	Name of Person		ea Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAII	LING ADDRESS:
	Registration Section	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Division of Corporations Clifton Building		
	2661 Executive Center Circle		
	Tallahassee, Florida 32301		
	Enclosed is a check for the followi	ng 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: Kirkby I	nvestments LLC				
2. (a) Principal office address of limited liability compar	ny:	· · · · · · · · · · · · · · · · · · ·			
(Note: MUST BE STREET ADDRESS)	6436 Costa Circle Naples, FL 34113	3 Z			
(b) Mailing address of limited liability company:		NOW OF			
(Note: MAY BE POST OFFICE BOX)	17A Marlen Drive Hamilton, NJ 08691	20 ⊆			
3. Date of filing/registration in Florida	L07000112241 4. Document number	AH 10: 34			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	Harold Bogatz	·····			
Registered Office Address:	6711 Crowned Eagle La Naples, FL 34113	ane			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6436 Costa Circle Naples, FL 34113 ,FL				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change 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	Florida street address of the register ntical. Or, in the case of a Florida li s) was/were authorized by an affirm	ed office mited ative vote			
Printed or typed name of signee Bo sat 2	<u> </u>				
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pand I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company	agree to act in this capacity. I furth roper and complete performance of osition as registered agent as provid erely reflect a change in the registe ny has been notified in writing of thi	ner agree to ny duties ded for in red office is change.			
Signature of Registered Agent					

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