15800000314

(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:

Office Use Only

G. MCLEOD

SEP 10 2008

EXAMINER



400131386454

06/19/08--01013--006 **35.00

08 SEP -9 PM 2: 27



COVER LETTER

Division of Corporations
SUBJECT: KGAR Jewels LLC (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matt Rosenberg (Name of Contact Person)
KSAR Sevels LLC (Firm/Company)
720 Islebay DR. (Address)
Apollo Beach FL 33572 (City/State and Zip Code)
For further information concerning this matter, please call:
Matt Rosenberg at (813) 361 9078 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment 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.

1. Name of the limited liability company: KSAC 30	wels LLC	
2. (a) Principal office address of limited liability company:	- a - a	
(<u>Note: MUST BE STREET ADDRESS</u>)	Apollo Beach pl 33572	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	720 Islebay Dt.	
	Apollo beach FL 33572	
02 January 2000 For Any	408000008982 / EIN 165754	
3. Date of filing/registration in Florida.	1. Document number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
Registered Agent:		
Registered Office Address:	1203 GOVERNOUS SQUARE BIND	
	tall Ahassee 32301. FC	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Matt Rosenbers /KSAR Jewes CCC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	720 Islebay DR.	
	Apollo BOACH ,FL 33572	
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	se of a Florida limited liability company it is wing an affirmative vote of the members of the limited	
(Printed or typed name of signee)	- 27 TE	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familief with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or affihis document is being filed to merely 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)		
	6327 Tallahassee FI 32314	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		