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•	(Requestor's	s Name)		
	(Address)			
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PICK-L	P U	VAIT	MAIL	
	(Business E	ntity Name)		
	(Document	Number)		
Certified Copies	Ce	ertificates of	Status	
Special Instructions to Filing Officer:				
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EXAMINER



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07/07/08--01010--007 **25.00

DECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
•	
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	COVER LETTER
то:	Registration Section Division of Corporations
SUBJ	ECT: Kinettech, LLC Registered Agent Change
	(Name of Limited Liability Company)
Dear S	Sir or Madam:
The e	nclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	•
<u>Tela</u>	p Tan
	(Name of Person)
Kine	ttech, LLC (Firm/Company)
<u>451′</u>	1 Carrollwood Village Dr (Address)
Tam	npa, FL 33618 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
<u>Tela</u>	p Tan <u>at (404</u>) 384-2218
	(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS: Registration Section

MAILING ADDRESS: 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.

1. N	ar	ne of the limited liability company: Kinettech, L	LC	
2. (a	1)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 4511 Carrollwood Village Dr Tampa, FL 33618	
(b))	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4511 Carrollwood Village Dr Tampa, FL 33618	
			<u>L08000024051</u> 4. Document number	+
5. (a	a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Ì		Registered Agent:	Jennings, Michael L	
		Registered Office Address:	6180 Sun Blvd Unit 112 St Petersburg, FL 33715	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
		NEW Registered Agent:	Telap Tan	ţ
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4511 Carrollwood Village Dr Tampa,FL_33618	
that a office here! liabil limite (Signature (Printe la printe la	aft e yith direction of the control	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by orthpany or as otherwise provided in the articles of liability company. Later the articles of liability company. Tan or typed name of signee) by accept the appointment as registered agent and age with the provisions of all statutes relative to the provision with and accept the obligations of my position of that the limited liability company has been notified to provision of the limited liability company has been notified to provision of Registered Agent)	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the agree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address. I hereby	
	ţ	Division of Corporations, P.O. Box	6327. Tallahassee. FL 32314	

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