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| (Requestor's Name) | | |
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| (City, | /State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
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| Certified Copies | · · · Certificates | of Statue |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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September Carrey

C. LEWIS SEP 2 4 2009 EXAMINER

* COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|---|--|--|
| SUBJECT: | Kanan and Kanan LLC | | |
| 14dilis | of Ellined Elability Compan | ij | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Register | ed Office Change and fee(s) | are submitted for filing. | |
| Please return all correspondence concer | ing this matter to the followi | ing: | |
| | | | |
| Pamela Rush Name of Person | | | |
| | | | |
| Kanan Realty Group, | nc | | |
| Firm/Company | | | |
| | | | |
| 13506 Summerport Village Park | vav Suite 255 | | |
| Address | | | |
| | | | |
| Windermere FL 347 | 6 | | |
| City/State and Zip Code | | | |
| | | | |
| pam.rush@hotmail.c | ort patification) | | |
| E-man agness. (to be used for father announ- | Art nouneauon, | | |
| For further information concerning this | natter, please call: | | |
| | | | |
| Pamela Rush | at (407) | 702-3116 | |
| Name of Person | Area Code & 1 | Daytime Telephone Number | |
| STREET/COURIER ADDRESS | | MAILING ADDRESS: | |
| Registration Section | | Registration Section | |
| Division of Corporations | | Division of Corporations P.O. Box 6327 | |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Tallahassee, Florida 32301 | Tulialassos, Ti |) | |
| Enclosed is a check for the following amount: | | | |
| \$25 Filing Fee | S\$\$ Filing Fe | e & Certified Copy | |
| Ψ Ψ23 1 mmg 1 00 | L_1 455 1 111116 1 C | | |

INHS18 (5/08)

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.

| i. Name of the limited liability company: | Kanan ano Kanan LLC | |
|---|--|--|
| 2. (a) Principal office address of limited liability company | y: | ······································ |
| (Note: MUST BE STREET ADDRESS) | 416 Butler St. Windermere FL 34786 | |
| (b) Mailing address of limited liability company: | 416 Butler St. | |
| (Note: MAY BE POST OFFICE BOX) | Windermere FL 34786 | |
| 9/04/08 | L08000083412 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5: (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. | of State: |
| Registered Agent: | Steve Leichner | |
| Registered Office Address: | 177 Longview Ave Celebration FL 34747 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: | |
| NEW Registered Agent: | Pamela Rush | ···· |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 13226 Zori Lane | |
| (MCD1 DB 12 DAID/1 B1ADD1 /IDDRESS) | Windermere | FL <u>34786</u> |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company | tical. Or in the case of a Florida | a limited |
| Signature of a member or authorized representative of a member | | |
| Rhonda J. Kanan Printed or typed name of signee | _ | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, Thereby confirm that the limited liability company | gree to act in this capacity. I fi oper and complete performance sition as registered agent as pro rely reflect a change in the regi y has been notified in writing of | orther agree to of my duties, ovided for in stered office this change. |
| Signature of Registered Agent | ∄ ∽ | 2009 |
| Division of Corporations, P.O. Box 63 FILING FEE: \$2 | -TE-[11 | FIL 9SEP 23 |
| INHS18 (05/08) | SEE | S B III |