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JUN - 9 2011

EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KEMEO LLC		
SUBJECT: KEmeo LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
THOMAS WARD Name of Person		
Name of Person		
KEMED LLC		
KEMCO LLC Firm/Company		
. 0'		
443 PINE 11AS BAYWAY #101		
Address		
0/		
TIERRA VERDE FL 33715 City/State and Zif Code		
E-mail address; (to be used for future annual report notification)		
E-mail address: (to be used for future annual report nonneauon)		
For further information concerning this matter, please call:		
THOMAS WARD at (
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INH\$18 (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.

1. Name of the limited liability company: KEm	neo kle
2. (a) Principal office address of limited liability compar	4/A5: 01
. (Note: MUST BE STREET ADDRESS)	TIERRA VERAE, FL 33715
(b) Mailing address of limited liability company:	TIERRA VEROE, FC 33715
(Note: MAY BE POST OFFICE BOX)	TIERRA VEROE, FC 37715
11/12/08	L08000105768
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	THOMAS WARD
Registered Office Address:	1110 PINEVIAS BAYWAY 105
	TIERRA VERDE, FL 33715
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: 5 Am & PER 50 ~
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	143 PINEILAS BAYWAY 101 TIERRA VERDE FL 33715
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 identiability 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 Thomas was Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization my.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 508, F.S. Or, if this document is being filed to madress, I hereby confirm that the limited liability company than I have the company than the company that the company than the company that the company than the company that the company that the company that the company than the company than the company than the company that the comp	agree to act in this capacity. Thirther agree to roper and complete performance of my duties, osition as registered agent as provided for in verely reflect a change in the registered office ny has been notified in writing of this change.
Signature of Registered Agent	and the second s

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