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DEC - 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:Name o	K Design Labs, LLC of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Keith Hernandez	
K Design Labs, LLC	
Firm/Company	
1 mm Company	uite 504
5703 Red Bug Lake Road, St	uite 504
Address	uite 504 물을 물
Winter Springs, FL 3270 City/State and Zip Code	SA L SEC _ S
keith@kdesignlabs.con E-mail address: (to be used for future annual repo	n notification)
For further information concerning this ma	atter, please call:
Keith Hernandez Name of Person	at (407) 754.4822 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ving 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.

K Design Labs, LLC K Design La S Snug Harbor Drive Selberry, FL 32707 K Design Labs, LLC R Design Labs	Suite 504 4 t. of State: Agents, Inc.
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ر برات gistered Office address	3
h Hernandez	ည့်
3 Red Bug Lake Road	, Suite 504
ter Springs	_,FL <u>32708</u>
street address of the regi Or, in the case of a Florid were authorized by an af	istered office da limited firmative vote
o act in this capacity. I j ind complete performanc as registered agent as pi eflect a change in the reg been notified in writing o	further agree e of my duties rovided for in gistered office of this change.
Ca //	of the State of Florida, it is a street address of the region, in the case of a Florid were authorized by an afprovided in the articles of a complete performance as registered agent as perfect a change in the region of the reg

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