

FROM :

FAX NO. : 3054449829

Sep. 20 2011 10:03AM P1

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE  
KLINT LLC

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SEP 21 2011

EXAMINER

FROM :

FAX NO. :3054449829

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**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: KLINIT LLC
2. (a) Principal office address of limited liability company: 7831 NW 5th Place, Plantation, FL 33324

**(Note: MUST BE STREET ADDRESS)**

- (b) Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

same as above

- 5-4-2009
3. Date of filing/registration in Florida

- L09000043135
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Xavier Duran

Registered Office Address:

7831 NW 5th Place  
Plantation, FL 33324

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:**

GUSTAVO CHAVEZ

**NEW Registered Office Address:**

10035 NW 43 Terrace  
Doral, FL 33178

**(MUST BE FLORIDA STREET ADDRESS)**

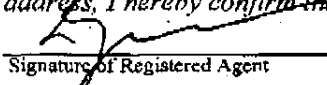
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

GUSTAVO CHAVEZ

Printed or typed name of signee

*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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this 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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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