## 109000054791

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J. SAULSBERRY EXAMINER
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: KK TP Investments 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:		
IKK TP Investments ILC  Firm/Company  13927 7th Street  Address  Date Cty Fl 33525  City/Syste and Zip Code  Kroberts and Ahomers, com  E-mail address: (to be used for future annual report notification)  For first parison agreement this protects a place of selling the street of the protect		
For further information concerning this matter, please call:  Kesin T. Roberts  at (352) 424-0506  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 following amount:		
\$25 Filing Fee \$25 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.

1. Name of the limited liability company: KK&TP	Investments LLC	
2. (a) Principal office address of limited liability company:	13927 7Th Street	
(Note: MUST BE STREET ADDRESS)	Dade Ct, Fl 33525	
(b) Mailing address of limited liability company:	13927 7th Street	
(Note: MAY BE POST OFFICE BOX)	Prode CH, F1 3352>	
6/5/2009	L09000054791	
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:	Agents and Corportions Inc	
Registered Office Address:	300 5th Avenue 5. Suite-101-330	
	N2plrs, F1 34/02 US	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Kovin T. Roberts	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13927 7T4 Street	
	Drde City, FL 33525	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and agrouply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions.	was/were authorized by an affirmative vote vise provided in the articles of SER PA SER	
comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the imited liability company	ition as registered agent as provided for in ely reflect a change in the registered office 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**