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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2010 SEP 13 PH 12: 12



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.

Name of the limited liability company:	KKS21 LLC	
2. (a) Principal office address of limited liability company	7: 7460 Chancellor Drive	
(Note: MUST BE STREET ADDRESS)	Orlando FL 32809	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2010 SEP II	
9/3/10	<u> </u>	-
3. Date of filing/registration in Florida	4. Document number	ř–
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:	
Registered Agent:	Leo V. English	
Registered Office Address:	7460 Chancellor Drive Orlando FL 32809	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Dennis L. Clegg	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7460 Chancellor drive	
MUSI BE PLONIDA STREET ADDRESS	Orlando ,FL 32809	_
If the limited liability company is not organized under the long confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability 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 Signature of a member or authorized representative of a member Printed or typed name of signee Thereby accept the appointment as registered agent and a	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing of and I am familiar with and accept the obligations of my post-chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to be and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.	o
Signature of Registered Agent		

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