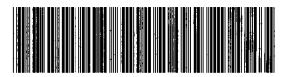
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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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SEGRETARY OF STATE
IALLAHASSEE, FIORIE

M. THOMAS
DEC 2 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	RAYSON ENTERPRISES, LLC. Limited Liability Company
rame or	Elimica Elability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
LORI K. GAUSE	
Name of Person	
KENDALL GRAYSON ENTERPRIS	SES, LLC.
Firm/Company	•
1035 GATEWAY BLVD. #201	·
BOYNTON BEACH, FL 334 City/State and Zip Code	
KENDALLGRAYSON@ROCKETM E-mail address: (to be used for future annual report	100 ≥ 5
For further information concerning this mat	tter, please call:
LORI K. GAUSE	at (800) 829-1285
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	ing amount:
 √ \$25 Filing Fee	\$55 Filing Fee & Certified Conv

* * 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:	KENDALL GRAYSON ENT, LLC
2. (a) Principal office address of limited liability of	company: 2706 QUANTUM LAKES DRIVE
(Note: MUST BE STREET ADDRESS)	BOYNTON BEACH, FL 33426
(b) Mailing address of limited liability compan	y: 2706 QUANTUM LAKES DRIVE
(Note: MAY BE POST OFFICE BOX)	BOYNTON BEACH, FL 33426
11-23-09	L09000112193
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office she	own on the records of the Florida Dept. of State:
Registered Agent:	LORI K. GAUSE
Registered Office Address:	2706 QUANTUM LAKES DRIVE
	BOYNTON BEACH, FE 33426
(b) Enter name of NEW Registered Agent and	<u> </u>
NEW Registered Agent:	SEE O
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	1035 GATEWAY BEVD. 3 17 SUITE 201-185 3 5 7 BOYNTON BEACET WFL 33426
lightlity company it is harshy confirmed that the o	der the laws of the State of Florida, it is hereby le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.
LORI K. GAUSE	
Printed or typed name of signee	4-4-4
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of the confirmation of	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office 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