L1000001025

(Requestor's Name)				
(Address)				
(Address)				
, and a second s				
(C) (O) 1 (T) (D)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(a.a.,,,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Operial instructions to 1 sing Officer.				

Office Use Only



600171215126

03/15/10--01034--002 **25.00

FILED

10 MAR IS PHIZ: 32

SEURETARY OF STATE
MILANASSEE FLORIDA

M COMMAN MAR 1 6 20151

COVER LETTER

TO: Registration Section Division of Corporation	ons			
•				
SUBJECT:	King World	dwide Enterprises, LLC		
	Name of Lim	nited Liability Company		
Dear Sir or Madam:				
The enclosed Registered Age	nt/Registered Offic	ice Change and fee(s) are submitted for filing.		
Please return all corresponder	ice concerning this	is matter to the following:		
Cecil King Name of Person				
Name of a	Cison			
King Worldwide Enterprises, LLC				
Firm/Con				
6715 NW 60th St.				
Address				
Tamarac, FL 33321				
City/State and Zip Code				
cecil.king3@gmail.com E-mail address: (to be used for future annual report notification)				
For further information conce	rning this matter,	please call:		
Cecil King	at	at (954)		
Name of Person		Area Code & Daytime Telephone Number		
STREET/COURIER A	DDRESS:	MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporation	Division of Corporations			
-		P.O. Box 6327		
		Tallahassee, Florida 32314		
Tallahassee, Florida 323	801			
Enclosed is a check for the following 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.

1. Name of the limited liability company: Kir	ng Worldwide Enterprises, LLC			
2. (a) Principal office address of limited liability compa	ny:			
(Note: MUST BE STREET ADDRESS)	6715 NW 60th St. Tamarac, FL 33321			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	6715 NW 60th St. Tamarac, FL 33321			
January 4, <u>2010</u>	L1000001025			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:			
Registered Agent:	Cecil King A S 5			
Registered Office Address:	6715 NW 60th St. A T T T T T T T T T T T T T T T T T T			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address NEW Registered Agent:				
NEW Registered Agent:	Corporation Service Continuity			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee ,FL32301			
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				
Cecil King Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, Thereby confirm that the limited liability composition of Registered Agent Lamont W Jones, Assistant VP Lamont W Jones, Assistant PP Royaland Roy	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00