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(Cir	ty/State/Zip/Phone	e #)
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B. BOSTICK
SEP 1 6 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kaynos, 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:	
Evin May Vasti Name of Person	
Reaction realty Crap Firm/Company The second realty crap Firm/Company Firm/Company	
220 N. State Rd 7. Address Address	aan. Š
Hollywood C City/State and Zip Code	MON
E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Erin Mar vasti at (954) 709.0192 Name of Person at (954) 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. \$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: <u>KAUNOS</u>	LC
2. (a) Principal office address of limited liability company	: Praha 1, Aricha 7
(Note: MUST BE STREET ADDRESS)	Cach lepiblic XX XX CR
(b) Mailing address of limited liability company:	Archa 1, pricha 7
(Note: MAY BE POST OFFICE BOX)	Czech Republic XX XXCR
3. Date of filing/registration in Florida	<u>U000001282</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Schillinger, Lee
Registered Office Address:	4001 Sheridan Street #401 Hollynood, n. 33021
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Pagistered Agent</u>	V Registered Office address:
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	220 N. State Rd 7. Hollywood, R 33071
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fla 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 of authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of the statutes of the provisions of the statutes of the provisions of the statutes are statuted to the provisions of the statutes of the provisions of the statutes are statuted to the statute are statuted to the statute and the statute are statuted to the statuted to the statuted to the sta	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ujon as registerea agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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