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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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OLYTSTON OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KB'S Home Improvements, 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:		
Rence Michegue Name of Person		
KB'S Home Im Deovenents, UC		
352 Dalchurst Steect		
Attamorte Splings, R 32701 City/State and Zip Code		
Kennethn Rence @ embargmai L. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Rence M LeVegue at (10) 620-9381 Name of Person D 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 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\times \text{S55 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.

agent, or both, in the State of Pioriaa.	
1. Name of the limited liability company: Kbis	Home Implacements LLC
2. (a) Principal office address of limited liability compa	my: 352 Oakhurst Street
(Note: MUST BE STREET ADDRESS)	Alternonte Spakings, PC
(b) Mailing address of limited liability company:	352 Oakhurst Street
(Note: MAY BE POST OFFICE BOX)	Altemonte Springs, Fe
2-18-2010	L10000018502
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:	Kenneth S. Belly
Registered Office Address: 1015 LOMMUER ST	352 COL HURST STREET
615 WHATER 3175	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	NA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	350 Calchulst Street
If the limited liability company is not organized under th	a laws of the State of Florida, it is hereby
confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability compa	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote
KM Tollevel	
Signature of a member or authorized representative of a member	— 30 R
Printed or typed name of signee	POR 2
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 haddress, I hereby confirm that the limited liability compa	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 any 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