*L100000 37784

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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J. SAULSBERRY EXAMINER FEB 0 2 2011

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|----------|
| SUBJECT: Kast Componer 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 | g this matter to the following: | |
| Theresa Kost Name of Person | | |
| Kost Components LLC Firm/Company | | |
| 3504 SE Birch lane Address | | <u>.</u> |
| Rolf. St. Luce, Fl 34 City/State and Zip Code | 984 MASS | |
| + + K 899 c bellsouth. Net E-mail address: (to be used for future annual report | Hit is a second of the second | E C |
| For further information concerning this mate | ter, please call: | 5 |
| Sheresa Kost Name of Person | at (772) 485 - 35 35 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 | ng 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

| gability company submits the following statement in ora- agent, or both, in the State of Florida. | er to change its registerea office or registere | | |
|--|--|--|--|
| 1. Name of the limited liability company: <u> </u> | emponents, LLC | | |
| 2. (a) Principal office address of limited liability compan | y: 3504 SE Birch lane | | |
| (Note: MUST BE STREET ADDRESS) | Pt. SI Lucie FL 34984 | | |
| (b) Mailing address of limited liability company: | 3504 SE Birch Lane | | |
| (Note: MAY BE POST OFFICE BOX) | Port. St. Lucie, FL 34984 | | |
| 4/8/2010 | 110000037784 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | |
| Registered Agent: | Therosa Kost | | |
| Registered Office Address: | 3504 SE Birch lane | | |
| | Port St. Lucie, Fr. 31984 | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: | W Registered Office address: Thecesa Kost | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 3004 SE Birch lane | | |
| IMOST BE I BOXIDIT STREET TIDDICESS | Port St. Lucie ,FL 34984 | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fund the business office of the registered agent will be identiability 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 of th | Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of or anization y. | | |
| Frinted or typed name of signce I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prind I am familiar with and accept the obligations of my post-hapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company Mayor Kort | agree to act in this capacity further agree to oper and complete performence of the duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change. | | |