

(Requestor's Name)	
(Address)	<del>.</del>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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G. MCLEOD

SEP 17 2012

**EXAMINER** 



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SECKETARY OF STATE
FALLAHASSEE, FLORID

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ				DINGS, LLC ility Company
Dear S	Sir or Madam:			
Doui C	or Madain.			
The er	nclosed Registered Agent/Registered (	Office Cl	hange	ge and fee(s) are submitted for filing.
Please	return all correspondence concerning	this mat	tter to	to the following:
	AJAY PATEL			
	Name of Person			<del></del>
				,
	KUBER HOLDINGS, LLC			
	Firm/Company			<del>_</del>
				,
	7350 FUTURES DRIVE, SUIT	E 9		<del></del>
	Address			
	ORLANDO, FL 32819			·
	City/State and Zip Code			
	(T) (10 TT) 0 D 0 1 D 0 0 M M	0011		
KEYHOTELGROUP@GMAIL.COM  E-mail address: (to be used for future annual report notification)				
For fu	orther information concerning this mat	ter, pleas	se cal	all:
	AJAY PATEL	at (	407	963-8307
<del></del>	Name of Person	(		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		M	IAILING ADDRESS:
	Registration Section			egistration Section
	Division of Corporations			Division of Corporations
	Clifton Building		P.0	.O. Box 6327
	2661 Executive Center Circle		Ta	allahassee, Florida 32314
	Tallahassee, Florida 32301			
	Enclosed is a check for the followi	ng amoi	unt:	
• • •	\$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.

8 , , ,				
1. Name of the limited liability company:	KUBER HOLDINGS,	LLC		
2. (a) Principal office address of limited liability compa	ıny:			
(Note: MUST BE STREET ADDRESS)	7350 FUTURES DRIVE ORLANDO, FL 32819	SUITE 9		
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	7350 FUTURES DRIVE ORLANDO, FL 32819	, SUITE 9		
08/05/2010	L10000082	120		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida D	ept. of State:		
Registered Agent:	AJAY PATEL	7)		
Registered Office Address:	9381 POCKET LANE ORLANDO, FL 32836	12 SEP		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :  NEW Registered Office Address:		STATE 5		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ORLANDO ,FL32819			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	ne laws of the State of Florida, e Florida street address of the entical. Or, in the case of a Fl	it is hereby registered office orida limited		
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 and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. proper and complete performe position as registered agent a merely reflect a change in the any has been notified in writir	I further agree to ance of my duties, is provided for in registered office ag of this change.		
Signature of Registered Agent				

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