L10000113675

(Re	questor's Name)			
(Address)				
(Address)				
(City/Chata/Zin/Dhana #)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates of	^r Status		
	_			
Special Instructions to Filing Officer:				
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Office Use Only



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SEURETARY OF STAFE

C. LEWIS

MAR - 4 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	63 /	•		199
SUBJECT:	KKS	SL Ho	ldings	
Name of	f Limited	d Liabi	lity Con	npany
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	l Office (Change	and fee	e(s) are submitted for filing
The enclosed Registered Agent Registered	Office	change	and rec	(3) are submitted for ming.
Please return all correspondence concernin	ig this m	atter to	the foll	lowing:
Sean Sweeney				
Name of Person				
VVČL Lakiona				
KKSL Holdings Firm/Company			_	
, mil sampany				
555 E Lancaster Ave				
Address				
Radnor, PA 19087				
City/State and Zip Code				
ssweeney@kildarecapital.c	com rt notificati	on)		
·		•		
For further information concerning this ma	itter, ple	ase cal	l :	
Sean Sweeney	at (610)	254-1701
Name of Person	_		Area Cod	e & Daytime Telephone Number
STREET/COURIER ADDRESS:		M	AH ING	ADDRESS:
Registration Section				Section
Division of Corporations		-	_	Corporations
Clifton Building). Box 63	
2661 Executive Center Circle		Tal	lahassee	, Florida 32314
Tallahassee, Florida 32301				
Enclosed is a check for the follow	ving amo	ount:		
\$25 Filing Fee		□ \$	55 Filing	g 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.

Name of the limited liability company:	KKSL Holdings LLC			
2. (a) Principal office address of limited liability company	555 E Lancaster Ave			
(Note: MUST BE STREET ADDRESS)	Suite 540 Radnor, PA 19087			
(b) Mailing address of limited liability company:	555 E Lancaster Ave			
(Note: MAY BE POST OFFICE BOX)	Suite 540 Radnor, PA 19087			
11/2/10	1 4 7 7			
	L10000113675			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	CFRA, LLC			
Registered Office Address:	Corporate Center Three at Intl Plaza 4221 West Boy Scout Blvd Tamp Florica 33607-5736			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	W Registered Office address: Northwest Registered Agent LLC 3030 N. Rocky Point Dr. STE 150A			
(MUST BE FLORIDA STREET ADDRESS)	Tampa ,FL33607			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability 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. Signature of a member or authorized representative of a member Sean Sweeney Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of the province of the obligations of my pool Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the action as registered agent as provided for in rely reflect a change in the registered office of has been notified in writing of this change.			
Signature of Registeral Agent	Manager			

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