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(Requestor's Name)							
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PICK-UP WAIT MAIL							
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE FEB 0 9 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUB.	JECT: KARHL Name of Limi		IGS, LLC y Company			_	
Dear	Sir or Madam:						
The e	enclosed Registered Agent/Registered Offic	e Change a	nd fee(s) are subr	mitted for fil	ing.		
Pleas	e return all correspondence concerning this	matter to th	ne following:				
	R. Michael Howard Name of Person						
<u> </u>	The Limbaugh Firm Firm/Company	<u> </u>					
	P.O. Box 1150 Address				SECRETARY	11 FEB	7
	Cape Girardeau, MO 63702-1150 City/State and Zip Code				ARY OF STATE ASSEE, FLORIDA	FEB -8 AH 8 48	「 「 「
 1	michaelh@limbaughlaw.com E-mail address: (to be used for future annual report notific	ation)			ATE ORIDA	6 2	
For fi	urther information concerning this matter, p	lease call:					
	R. Michael Howard at		/ 	5-3316		_	
	Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAII Regis Divisi P.O. E	ea Code & Daytime To LING ADDRESS: tration Section on of Corporations Box 6327 hassee, Florida 323	s	:r		
	Enclosed is a check for the following ar	mount:					
	\$25 Filing Fee	\$55	Filing Fee & Cer	tified Copy			

TO:

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.

agera, or born, in the Blace of I forma.						
1. Name of the limited liability company:	KAR	KARHL HOLDINGS, LLC				
2. (a) Principal office address of limited liability com	pany:	y: 499 East Palmetto Park Road				
(Note: MUST BE STREET ADDRESS)	Suit Boo	te 208 a Raton, FL 3343	32			
(b) Mailing address of limited liability company:		499 East Palmetto Park Roa				
(Note: MAY BE POST OFFICE BOX)	Suit Boc	e 208 a Raton, FL 3343	2			
November 9, 2010		L100001	16663			
3. Date of filing/registration in Florida	4. Do	ocument number				
5. (a) Registered Agent and Registered Office shown	on the re	cords of the Florida	Dept. of State	:		
Registered Agent:	14 00	gan C Rogers				
Registered Office Address:	Suite	East Palmetto Pa e 208 a Raton, FL 3343	## [] 8	—		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:		gistered Office add	dress-LORAL em REL	ED		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	120	1200 S. Pine Island Road				
	Plar	ntation	"FL <u>333</u>	<u> </u>		
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be in liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company.	ne Florida dentical. (ge(s) was/ therwise t	street address of th Or, in the case of a	ie registered of Florida limited	fice I		
Signature of a member or authorized representative of a member						
Kathryn Rogers	_					
Printed or typed name of signee						
Having been named as registered agent and to accept seliability company at the place designated in this certifica agent and agree to act in this capacity. I further agree to relating to the proper and complete performance of my dobligations of my position as registered agent as provide	te, I hereb comply w uties, and	ry accept the appoint with the provisions of I am familiar with a	tment as registe f all statutes and accept the	red [;] ,		
C T Corporation System						

(Signature)

Katherine Lackey, Asst. Secy.