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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

mar - 9 2011



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Kyzen zetsugo LL 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:	
GEN IMAMURA Name of Person	<u> </u>	
Kuzenzetsygo LLC		
Firm/Company		
3580 W. Hillsboro Blud A	pt 204	
Coconat Creek, FL 3307. Clty/State and Zip Code		
E-mail address: (to be used for future annual report		
For further information concerning this mat		
GEN IMAMURA	at (847) 431- 3227	
Name of Person	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 followi	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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Kuzenzet	Sugo LLC
2. (a) Principal office address of limited liability company	3580 W. Hillspore Blud Apt 20
(Note: MUST BE STREET ADDRESS)	Coconut Creek, FL 33073
(b) Mailing address of limited liability company:	same as above
(Note: MAY BE POST OFFICE BOX)	
2/28/2011	L 11000024821
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:	United States Corporation Agents, Inc.
Registered Office Address:	13302 Winding Oaks Blud
	Tampa, FL 33612
(b) Enter name of NEW Registered Agent and/or NEW	W Registered Office address:
NEW Registered Agent:	Hanyong Ng
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5848 SW 163 AVE
: .	
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	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
Signature of a member or gutherized representative of a member	F CONTRACTOR
Hanyong Ng	OR OF THE PROPERTY OF THE PROP
Printed or typed hame of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my poor Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further apree to open and complete performance of an articles.
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00