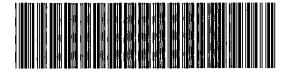
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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
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J. BRYAN

MAY 2 0 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT:	SUZANNE			
		Name of Limite	d Liability Cor	npany	
Dear	Sir or Madam:				
The e	nclosed Registered Agent/F	Registered Office	Change and fee	e(s) are submitte	ed for filing.
Please	e return all correspondence	concerning this n	natter to the fol	lowing:	
	Jonathan H. Leh	ıman, Esq.			
	Name of Perso				
	The Lehman	- Eirm			TALL SEC
	The Lehmar Firm/Compan				
	•				ASS.
	PO Box 1	127			A PARTY IN THE PAR
	Address	407			
					HAY 19 AM 11: 23 ECRETARY OF STATE
	Boca Raton, F	L 33429			سينا
	City/State and Zip	Code			
Ē	-mail address: (to be used for future	annual report notificati	on)	•	
For fu	orther information concerning	ng this matter, ple	ease call:		
	Jonathan H. Lehman, E	et (_	561	750-45	
	Name of Person		Area Cod	le & Daytime Telepho	one Number
	STREET/COURIER ADD	RESS:		ADDRESS:	
	Registration Section Registration Section				
	Division of Corporations Division of Corporations				
	Clifton Building 2661 Executive Center Circ	la.	P.O. Box 63	327 , Florida 32314	
	Tallahassee, Florida 32301	le	rananassee	, Florida 32314	
	Enclosed is a check for t	he following am	ount:		
	\$25 Filing Fee		\$55 Filing	g Fee & Certifie	d 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.

KHALIL LLC		
1200 SW ZI ST		
BOCA RATON FL 33486		
1200 SW 21 ST		
BOCA RATON FL 33486		
L11000051054		
4. Document number		
he records of the Florida Dept. of State:		
JHL Registered Agent, LLC		
568 Yamato Rd. Suite 200 Boca Raton, FL 33431		
V Registered Office address: JHL Registered Agent, LLC 6531 Park of Commerce Blvd.		
Suite 180 Boca Raton ,FL33487		
aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization with the articles of organization of the complete performance of my duties, it in a registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		

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