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(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP		MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer	Ţ
	r ling officer.	
Office Use Only		



03/10/18--01006--023 ++25.00

8 FILED SEP 10 AN II: 06

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I. Name of the limited liability company: KSMII INVESTMENT, LLC

2. (a)	Principal office address of limited liability company: (Note: MUST IF STREET ADDRESS)	(b)	Mailing address of limited (Nate: MAY BE POST	
	10/19/2011	L110	00119427	
	Date of filing/registration in Florida	4.	Document number	
(a)	feder, lawrence h, esq			
()	Registered Agent and Registered Office shown on the records	of the Florida Dept. c	of State:	
	3900 Hollywood Blvd - Ste 103			1
	Registered Office Address GAUST HE FLORIDA STREE	TADDRESS)		<u> </u>
				SE
	Hollywood	FL33021		P 10
(b)	InCorp Services, Inc.			AN
.,	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:		23- —
	17888 67th Court North			VCINCA VALLA
	<u>NEW</u> Registered Office Address:			
	Loxahatchee	22470		
he cha	Loxahatchee imited liability company is not organized under the nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members	laws of the State of the registered of the registered of the bility company	office and the business office , it is hereby confirmed that	ce of the registe at the change(s)

of an	OFER KAZU KOHEN		
Signifure of a member or authorized representative of a member	Printed or typed name of signee		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duites, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. MIGAN DEMELS Megan Bessey on behalf of InCorp Services, Inc.

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

INHS18 (2/14)

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