L11000133933

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J. BRYAN

JAN 31 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Li	Kaimana LLC mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	
Nick Christensen Name of Person	
Kaimana LLC Firm/Company	
3015 s.w. 1st ct	ZOIZ JAN 30 P SECRETARY G TALLAHASSEE
Boynton Beach FL 33435 City/State and Zip Code	PR 3: 19 SEE, FLORID
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matte	r, please call:
Nick Christensen Name of Person	at (
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 following	g 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:	Kaimana LLC
2. (a) Principal office address of limited liability compan	y: <u>1109 Congress Ave.</u>
(Note: MUST BE STREET ADDRESS)	West Palm Beach, FL 33406
(b) Mailing address of limited liability company:	1109 Congress Ave.
(Note: MAY BE POST OFFICE BOX)	West Palm Beach, FL 33406
11/28/2011	L11000133933
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:	Nick Christensen
Registered Office Address:	3015 s.w 1st ct Boynton Beach, FL 33435
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Fig. 3.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1109 s. Congress Ave West Palm Beach ,FL 33406
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden 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.	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote brwise provided in the articles of organization
Signature of a member or authorized representative of a member	_
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my processes to the provision of	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	

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