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APR 23 2012 T. HAMPTON

COVER LETTER

TO: Registration Section

* * * 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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OF SAME AND	1. Name of the limited liability company:	KDE PROPERTIES LLC
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) BRANDON, FL 33510 02/08/2012 L12000018566 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 AGE Registered Office Address: 13302 WINDING OAK COURT SUITE A TAMPA, FL 33612 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affing the conformation of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited himited himited was provided in the articles of organization or the operating agreement of the limited himited was provided in the articles of organization or the operating agreement of the limited himited proper and complete performance of my duties. Printed or typed name of signce I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete performance of my duties.	2. (a) Principal office address of limited liability compa	ny: 906 PINE HOLLOW PLACE
Oz/08/2012 L12000018566	(Note: MUST BE STREET ADDRESS)	BRANDON, FL 33510
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NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Brandon FL 33510 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Thereby 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 duties.	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 duties.	NFW Registered Office Address:	906 Pine Hollow Place
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Signature of Registered Agent		

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