

## LJ2000041531

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## COVER LETTER

TO: • Registration Section Division of Corporations		
SUBJECT: Kiechers, LIC. Name of Lin	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
David S. Farber Name of Person		
The Farber Law Firm Firm Company	2013 AT	
2199 Ponce de Lion Blud, Su Address	2013 MAY - 2 MAII: 53	
Coval Gables, FC 33134 City-State and Zip Code		
Viviana Dofarbri law. Com E-mail address: to be used for future annual report noti	fication)	
For further information concerning this matter.	please call:	
Viviana Femande 2	at ( 305 ) 774 · 0/34  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 following	amount:	
★ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

Purseant to the provisions of sections 608,416 or 608,50 liability company submits the following statement in orde agent, or both, in the State of Florida,	98, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company: _ Keechee	<u>s LLC.</u>
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	1303 Sands Point Blud
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8380 Sands Point Blud. 1303 Tamorac, FL 33321
03/26/2012  3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	- Vished States Corporation Agents Inc
Registered Office Address:	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW</u> Registered Agent:	Savid S. Forber
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2199 Pence de Leon Blud, Suite 200 Cocal Gables FL 33134
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) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Allow Primed or typed name of signee  Thereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particles of the provision of the limited liability company and the limited liability company.	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida legited was/were authorized by an infirmative vota of se provided in the articles of Signaturation of the articles of the registered of the articles of th
Signature of Registered Agent	v has been noufied in writing of this change.

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