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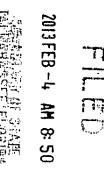
| (Re | questor's Name) | | | |
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| -PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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J. SAULSBERRY EXAMINER FEB 6 2013

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT

KZ LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YASSER KRAYEM

Name of Person

KZ LLC

Firm/Company

14174 ISLAMORADA DR

Address

ORLANDO, FL, 32837

City/State and Zip Code

KRAYEMY@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YASSER KRAYEM

_{at (}407)

765-5014

Name of Person

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

2013 FEB -4 AM 8:

7013 FEB -4 AM 8:

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. Na | me of the limited liability company: KZLLC | | | | _ |
|--|---|--|---|--|----------------|
| 2. (a) | Principal office address of limited liability company | | | | _ |
| | (Note: MUST BE STREET ADDRESS) | ORLANDO, FLORIDA, 32837, USA | | | _ |
| (b) Mailing address of limited liability company | | 14174 ISLAMORADA DR | | | _ |
| | (Note: MAY BE POST OFFICE BOX) | ORLANDO, FLORIDA, 32837, USA | | | _ |
| 4/11/20 | 12 | L12000049143 | | | |
| 3. Da | te of filing/registration in Florida | 4. Document number | | | _ |
| 5. (a |) Registered Agent and Registered Office shown on the | the records of the Florida Dept | . of Stat | te: | |
| | Registered Agent: | USA-RA LLC | | | _ |
| Registered Office Address: | Registered Office Address: | 841 PRUDENTIAL DR | | ~ ^ | |
| | | FLOOR 12-6491007 | <u> 1213</u> | 013 | _ |
| | | JACKSONVILLE, FL, 32207 | 矛属 | 7 | _ - |
| | | | 1-4 | 83 | |
| (h) | Enter name of NEW Degistered Agent and/or NEV | V Dogistored Office address: | | ũ | - |
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | W Registered Office address. | 9 4 | - | ١ |
| | NEW Registered Agent: | YASSER KRAYEM | <u>į į į į į į į į į į į į į į į į į į į </u> | 2 | _ [_ |
| NEW Registered Office Address: | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 11300 SPACE BLVD, SUITE 1B | 12.52 12.52 13.52 13.53 | တ္ထ | - - |
| | [MOST BE TEORIDA STREET ADDRESS] | ORLANDO | FL 328 | 37 | _ |
| confir and the liabilithe m the op | limited liability company is not organized under the lamed that after the change or changes are made, the Fine business office of the registered agent will be ident ty company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company. | orida street address of the regical. Or, in the case of a Floric was/were authorized by an after | istered d da limite firmativ | office ed e vote | of |
| | | | | | |
| | R KRAYEM or typed name of signee | _ | | | |
| I hero compo and I Chapt addre | eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the proam familiar with and accept the obligations of my poter 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company | gree to act in this capacity. I poper and complete performance sition as registered agent as performent as change in the region witting to the performance of the region of the performance of the performa | further of my rovided sistered of this ch | agree t duties, for in office hange. | o |

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