L1200054389

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COVER LETTER

TO: Registration Section Division of Corporations	
	•
SUBJECT:	KMH KGK SPA SERVICES, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/l	Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Kevin M. H	
Name of Pers	son
KMH KGK SPA SE	RVICES LLC
Firm/Compai	
801 Briny Ave	Unit 305
Address	. O'III 000
	•
Pompano Beacl	h El 33062
City/State and Zi	
	•
kvnhw@ad	ol.com
E-mail address: (to be used for future	e annual report notification)
For further information concern	ing this matter, please call:
Kevin M. Howell	at (443) 463-0797
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AD	DRESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circ	cle Tallahassee, Florida 32314
Tallahassee, Florida 32301	
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

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: K	MH KGK SPA SERVICES, LLC
2. (a) Principal office address of limited liability comp	pany: 801 Briny Ave. Unit 305
(Note: MUST BE STREET ADDRESS)	Pompano Beach, FL 33062
(b) Mailing address of limited liability company:	same as above
(Note: MAY BE POST OFFICE BOX)	
	ms. r
April 18, 2012	L120000543897 5
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:	Kathleen Kreuzburg
Registered Office Address:	1391 S. Ocean Blvd
	Apt. 107 Pompano Beach, FL 33062
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Kevin M. Howell
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	801 Briny Ave Unit 305
MUSI BE FLURIDA SI REEI ADDRESS	Pompano Beach ,FL 33062
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the limited liability company or as of the operating agreement of the limited liability company or as of the limited liability com	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.
Kevin M. Howell; Manager	
Printed or typed name of signee	,
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Registered Agent	