113000037307

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: KAP LANDWIRTSCAFT, TELIHNOLVIE UND REPARATOREN KZG,
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:

KEITH L. HOLSTEAD			
Name of Person	_		
SIA			
Firm/Company	_		
11821 S. DAKULEW AUE Address	SECRETAL TALLAHAS	14 APR 14	7
FLORAL CITY FL 34436 City/State and Zip Code (ONE WORD)	- - - - - - - - - - - - - -	AH 9:	
F-mail address: (to be used for future annual report notific	_ (HOLSTEADKEITH @ GMAIL	, Gv	n) 1

For further information concerning this matter, please call:

Name of Person at (352) 344 1851

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:

INHS18 (2/14) SEE LETTER \$35.80 \$55 Filing Fee & Certified Copy



March 24, 2014

KEITH L. HOLSTEAD 11821 S. OAKVIEW AVENUE FLORAL CITY, FL 34436

SUBJECT: KAP LANDWIRTSCHAFT, TECHNOLOGIE, UND REPARATUREN

KONZERN GESSELSCHAFT, LLC

Ref. Number: L13000037307

We have received your document for KAP LANDWIRTSCHAFT, TECHNOLOGIE, UND REPARATUREN KONZERN GESSELSCHAFT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 914A00006301

Barbara Bostick Regulatory Specialist II

www.sunbiz.org

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: KAF LANIWILTSCHAFT, TELINOLOGIE UND LEVAFA
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	FLORAL CATY FL SAME
	JUH36 SAME
	03/14/2013
3.	Date of filing/registration in Florida 4. Document number
5. (a	CORPURATION SERVICE CO.
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	1201 HAUS STREET
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	NEN: ANN RSHILLING
	TALLAUASSEE ,FL 32301
(b)	KEITH W. HOLFTERT
ζ-,	Finter name of NEW Degistered Agent and/or NEW Degistered Office address:
	11821 S. OAKULEW AJÉ NEW Registered Office Address:
	NEW Registered Office Address:
	FURAL CLITA FL 34436
	FURAL CLITY , FL 34436
the chagent was/v	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
C:	After of a member or authorized representative of a member KEITH LINESTERN Printed or typed name of signee
Sign	· · · · · · · · · · · · · · · · · · ·
provi the ol to me notifi	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been ad in writing of this change.
Signa	ure of Registered Agent