L13000008565

(Requestor's Name)					
(Requestors Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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D. ERIOE

COVER LETTER

Division of	Corporations				
subject: cha	ange of registe	ered agent f	for KK LYSS L	.LC	
	(Name of For	eign Limited Liability (Company)		
Dear Sir or Madam:					
The enclosed withdra	awal and fee(s) are submitte	d for filing.			
Please return all corr	respondence concerning this	matter to the following	:		
Helmut H	leiss				
	(Name of Person)				
A1MSS					
7	(Firm/Company)				
1469 Col	onial Blvd. S	uite 100			
	(Address)		•		
Fort Mye	rs, FL 33907				
	(City/State and Zip Cod	e)		2018 7ALL	
For further information	ion concerning this matter, p	lease call:		ALLARAS SELLARAS	distances.
Helmut H	leiss	_{at (} 239	233 7770	9 AM SEEF	
(N	ame of Person)	(Area Code &	Daytime Telephone Number)	II: 5	Section of the second
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		<u>ਜੋੜ</u>	
Enclosed is a check	for the following amount:				
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status &		

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.

agein, or some mine state	oj i toriua.	
1. Name of the limited lial	oility company: KKLYSS1L	LC
2 (a) Drivainal affice add	waga afilmitad liability a	COMPANY KKIVSSIIC
	address of limited liability company:	1469 Colonial Blvd. Suite 100
(<u>Note: MUST BE STREET ADDRESS</u>)	Fort Myers, FL 33907	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	V: KK LYSS LLC.	
	1469 Colonial Blvd, Suite 100	
,	_	Fort Myers, FL 33907
5/9/2013		L13000068565
3. Date of filing/registration	on in Florida	4. Document number
5. (a) Registered Agent a Registered Agent:	nd Registered Office sho	own on the records of the Florida Dept. of State:
Registered Office Address:	Address:	1110 SW 28TH STREET CAPE CORAL FL 33914
	CAPE CORAL, FL 33914	
(b) Enter name of <u>NEV</u> <u>NEW</u> Registered A		/or NEW Registered Office address
NEW Daniston & C	NCC A J J	1400 Calanial Blad Suite 100
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1469 Colonial Blvd. Suite 100
(MUSI BE FLUK	<u>IDA SIKEEI ADDKES</u>	Fort Myers FL 33907
confirmed that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of Mullistantial Signature of a member or authorize with the confirmation of the limited that the operating agreement of the confirmation of the limited that the confirmation of the limited that the limited	ange or changes are made the registered agent will be by confirmed that the chall liability company or as the limited liability com	
Printed or typed name of signee I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S., Or, if the address I hereby confirm is	ntment as registered ager of all statules relative to accept the obligations on his document is being file that the limited liability o	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

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