L13000076758

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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'JUL' 2 2013

T. HAMPTO"



COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--------------------------------------|--|--|--|
| SUBJECT: KAKE 3, 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: | | | | |
| Enily ADAMS Name of Person | | | | |
| KAKE 3, LLC Firm/Company | | | | |
| 11180 BATEllo DRIVE | | | | |
| VENICE, FL 34292 City/State and Zip Code | | | | |
| EMSADANS & @ GHAIL · Com E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Emily Agares | at (941) 493 - 6742 | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | |
| Registration Section | Registration Section | | | |
| Division of Corporations | Division of Corporations | | | |
| Clifton Building | P.O. Box 6327 | | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | | |
| Tallahassee, Florida 32301 | • | | | |

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:



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.

| | | ne of the limited liability company:KAKE . | |
|--|--------------------------------|--|---|
| 2. | (a) | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | VENICE, FL 34292 |
| | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 11180 BATEllO DRIVE VENICE, FL 34292 |
| 3 | Dat | 5/28/13 e of filing/registration in Florida | <i>L 130000 76 75 8</i> 4. Document number |
| | | Registered Agent and Registered Office shown on | |
| | () | Registered Agent: | · |
| | | Registered Office Address: | United States Coop. AgenTS, IN 13302 Winding CAK Ct. # A TAMPA, FL 33612 |
| | (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : | Enily S. ADAMS |
| | | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1118D BATEllo DEWE VEDICE, FL 34292 |
| cor and lial the the Sign | nfirmed the bilite me opo | imited liability company is not organized under the land that after the change or changes are made, the Flee business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company. Lea a member or authorized representative of a member or signee by accept the appointment as registered agent and a with the provisions of all statutes relative to the property of the significance of the obligations of my power 608, F.S. Or, if this document is being filed to me | aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization of STATION OF STATIONS. |
| Ch ad | a i d japte dre <u>s</u> | im jamiliar with and accept the obligations of my poer 608, F.S. Or, if this document is being filed to mess, I hereby confirm that the limited liability company | sition as registered agent as provided for in rely reflect a change in the registered office v has been notified in writing of this change. |

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

Signature of Registered Agent