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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE A KIM MUSEUM LLC

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K. SALY EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. The name of the limited liability company is: A Ki	m Museum LLC	
2. (a) Principal office address of the limited liability comapny	: 21 LEGEND CIR	
(Note: MUST BE STREET ADDRESS)	MELVILLE NY 11747	
(b) Mailing address of limited liability company:	21 LEGEND CIR	
(Note: MAY BE POST OFFICE BOX)		
	MELVILLE NY 11747 6	
10/2/2013	L13000139512	
3. Date of filing/registration in Florida	4. Document number	
5.(a) Registered Agent and Registered Office shows	on the records of the Florida Dept. of State:	
Registered Agent:	UCC FILING & SEARCH SERVICES, INC.	
Registered Office Address:	1574 VILLAGE SQUARE BLVD	
	STE_100	
	TALLAHASSEE FL 32309	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:	
NEW Registered Agent:	Corporate Creations Network Inc.	
NEW Registered Office Address:	11380 Prosperity Farms Road #221E	
(MUST BE FLORIDA STREET ADDRESS)		
	Palm Beach Gardens FL 33410	
or changes are made, the Florida street address of the register identical. Or, in the case of a Florida limited liability comparison	vs of the State of Florida, it is hereby confirmed that after the change ed office and the business office of the registered agent will be ny, it is hereby confirmed that the change(s) was/were authorized by npany or as otherwise provided in the articles of organization or	
I hereby accept the appointment as registered agent and agre of all statutes relative to the proper and complete performant my position as registered agent as provided for in Chapter 60 in the registered office address. I hereby confirm that the limi Jessica Morales, Special Secretar (Signature of Registered Agent)	te to act in this capacity. I further agree to comply with the provisions to of my duties, and I am familiar with and accept the obligations of 15, F.S. Or, if this document is being filed to merely reflect a change ted liability company has been notified in writing of this change. Y Box 6327, Tallahassee, FL 32314	
11380 Prosperity Farms Road #221E		
Palm Beach Gardens FL 33410 (561) 694-8107		