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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: KIEN (6NDO) L Name of Limited Liab	pility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the following	llowing:
Karen Servilla Name of Person	
KIEN CONDO LLC.	-
9412 Rio GRANDE Blu Address	ed. N. W
ALBUQUEROUE NM 87) City/State and Zip Code	14
E-mail address: (to be used for future annual report notifical	tion)et
For further information concerning this matter, please call:	
Karen Sorvilla at (505) Name of Person) P98-944 D Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

☐ \$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 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. Na	ame of the limited liability company:KIEN	CONDO,	HC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	KAREN S Mailing address of limited (Note: MAY BE POST	d liability compa	ny;
	1938 S CONWAX RD#5 ORLANDO, FL 32812			RANDE	
	12/03/2010		OSUERQUE	=,10/21_c >4 =_1	z- <i>EIL</i> /
3.	Date of filing/registration in Florida	_ <u>L180</u>	Document number	<u>, , T</u>	
5. (a)	Registered Agents = Registered Agents =	·	r		
	7 901 4Th Street Registered Office Address (MUST BE FLORIDA STREET	DORTH.	-		
	Suite 300		TALI	2019 DEC SECRET	-
	St, Petersburg, FI	33702	- H		T =
(b)			- -	5	Ш
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	' <u>.</u> -	AH 9:	D
	JONATHAN Z KIEN NEW Registered Office Address.)		GREDA GREDA	/
		#.5	-		
	ORLANDO FI	<u>. 32812</u>	_		
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	e registered office and ability company, it is of the limited liability limited liability com	the business office of hereby confirmed the company or as other	of the register at the change rwise provide	ed (s)
I herel	ure of a member or authorized representative of a member by accept the appointment as registered agent and agr	raa to act in this cana	wite I forther acress	ta zamnly wit	di dizi
provision the oblication mere notified	ons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I find writing of this change.	ree to act in this capa performance of my d d for in Chapter 605, hereby confirm that ti	city, I further agree uties, and I am famil F.S. Or, if this docu he limited liability co	to comply wil iar with and o ment is being impany has be	h the iccept filed ien
Signatur	ou Registered Agent				
1	Division of Corporations P.O. 1	Box 6327• Tallahas	see, FL 32314		

FILING FEE: \$25.00