199000006185

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Ви	sin ess Entity Nar	ne)
(Do	cument Number)	
Certified Coples	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KELSO OVERSEAS LL (Name of L	_C Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Martina Martin	TAL 20	
(Name of Person)	CRE J	
Harvard Business Services, Inc.	ECRETARY OF STALLAHASSEE, FLOR	
(Firm/Company)	FS D	
16192 Coastal Highway	OF STATE	
(Address)		
Lewes, DE 19958 (City/State and Zip Code)	·	
For further information concerning this matt	er, please call:	
Martina Martin	at (302) 645-7400	
(Name of Person)	(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	ng amount:	
 √ \$25 Filing Fee	\$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 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. 1. The name of the limited liability company is: Kelso Overseas LLC 2. The mailing address of the limited liability company is : _ 16192 Coastal Highway, Lewes, DE 19956 L99000008185 09/29/1999 Date of filing/registration in Florida Document number The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CORPORATE CREATIONS ENTERPRISES INC Name 941 4TH STREET #200 Address MIAMI BEACH, FL 33139 City, State and Zip 6. The name and address of the new registered agent and/or office: Fastkit Corporate Outfits, Inc. Name 2131 NW 79th Avenue Florida street address (P.O. Box NOT acceptable) Miami FL 33122 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company, Alfonso Quaranta d or typed name of algaeo) I hereby accept the appointment as resistered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18 (8/05)

(Signature of Registered Agent)