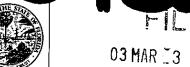


1. Entity Name

KIBI INVUSTRENT L.C

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF



DO NOT WRITE IN THIS SPACE

03 MAR [3 PM 4: 13

SECRETARY UF STATE TALLAHASSEE FLORIDA

2. Principal Place of Business 600 w 5 tonato Suite, Apt. #, etc. City & State City & State Country Country DO NOT WRITE IN THIS SPACE	Applied For Not Applicable Country T. Name and Address of Current Registered Agent Name Street: Address (P.O. Box Number is Not Acceptable) Street: Address (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR	
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS	
TITLE MORN NAME STREET ADDRESS CITY-ST-ZIP TRANCOIS ENGELMATER 600 W DI tenate 100 W DI tenat	TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME NAME
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NAME STREET ADDRESS CFTY-ST-ZIP TITLE	NAME STREET ADDRESS CITY: ST- ZIP DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY_ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	