L99000009400

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(ON) CONTROL OF THE MAN		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
<u> </u>		
Special Instructions to Filing Officer:		

Office Use Only



500199040075

03/24/11--01009--009 **25.00

T. CLINE
MAR 2 5 2011
EXAMINER

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations **KEJO LIMITED COMPANY SUBJECT:** 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: ANTHONY TANNER Name of Person **KEJO LIMITED COMPANY** Firm/Company 500 N FORT HARRISON AVE Address **CLEARWATER FL 33755** City/State and Zip Code kejocompany@mindspring.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTHONY TANNER 443-3455 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following 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. Name of the limited liability company:	KEJO LIMITED COMPANY	
2. (a) Principal office address of limited liability com	pany:	
(Note: MUST BE STREET ADDRESS)	500 N FORT HARRISON AVE CLEARWATER FL 33755	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	500 N FORT HARRISON AVE CLEARWATER FL 33755	
03/16/2011	L9900009400	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept of State:	
Registered Agent:	UCC FILING & SEARCH SERVICES IN	
Registered Office Address:	1574 VILLAGE SQ BLVDISTE 100 TALLAHASSEE FL 32309	
(b) Enter name of NEW Registered Agent and/or	± → · ·	
NEW Registered Agent:	ANTHONY TANNER	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	500 N FORT HARRISON AVE CLEARWATER ,FL 33755	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the limited liability company or the operating agreement of the limited liability company.	the Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization	
Printed or typed name of signee		
I hereby accept the appointment as registered agent a comply with the provisions of all statues relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		