

MO 20000006411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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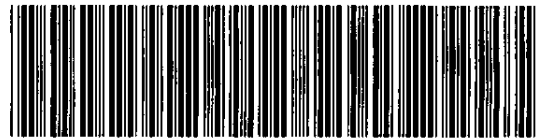
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 20 2009

EXAMINER

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DEBORAH L. HARE
DIRECT DIAL: 215.979.1921
E-MAIL: dhare@everestrustco.com

www.duanemorris.com

February 12, 2009

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

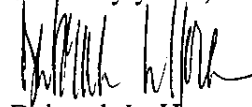
Re: Kestrel Investments LLC

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Office for Limited Liability Company on behalf of Kestrel Investments LLC. Also enclosed is check #609 payable to Division of Corporations representing the filing fee.

Please contact me with any questions or concerns. Thank you.

Sincerely yours,



Deborah L. Hare
Trust Administrator

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vestred Investments LLC
(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:

Nora E. Pomerantz
(Name of Person)

Everest Trust Company
(Firm/Company)

EVEREST TRUST COMPANY
30 (South) 17th Street
Philadelphia, PA 19103-4196
(City/State and Zip Code)

EVEREST TRUST COMPANY
30 South 17th Street
Philadelphia, PA 19103-4196

For further information concerning this matter, please call:

Kevin Gutkin at (954) 454-0729
(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 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: Kestrel Investments LLC

2. (a) Principal office address of limited liability company: EVEREST TRUST COMPANY
30 South 17th Street
Philadelphia, PA 19103-4196
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

40 Everest Trust Company
EVEREST TRUST COMPANY
30 South 17th Street
Philadelphia, PA 19103-4196
MO 2000000 411

2/15/02
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:

Registered Office Address:

Registered Agents Legal Services
155 Office Plaza Drive
Suite 100 A
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Kevin Gutkin
1442 Commodore Way
Hollywood, FL 33019

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.

Nora E. Pomerantz
(Signature of a member or authorized representative of a member)

Nora E. Pomerantz
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes 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.

(Signature of Registered Agent)

Kevin Gutkin

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

FILING FEE: \$25.00