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2007 SEP -4 AN IO: 58
SEGRETARY OF STATE
AHASSFE, FLORIDA

Of

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KRC ENTERPRISES, I	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	g this matter to the following:	
RICHARD C, KLINE (Name of Person)		
KRC ENTERPRISES LLC (Firm/Company)	2007 (SEC! TALL	
(Firm/Company) 2809 W. 127 12 St. (Address)	SEP -4 AM 10: 58 CRETARY OF STATE LAHASSEE, FLORIDA	
(Address) LEAWOOD KS 66209	FLORIDA	
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
(Name of Person)	at (913) 345-8629 (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.

lla a Managari	
1. The name of the limited liability company is: KRC ENTERPRIS	ES LLC
2. The mailing address of the limited liability company is: 2809 W	, 127世 St.
LEAWOOD, KS 6	
	000006577
3. Date of filing/registration in Florida 4. Docume	ent number
5. The name of the registered agent and the registered office address as s Florida Department of State:	hown on the records of the
ROBERT C. BROWN Name	
Name	
7402 NORTH 56th S. BLOL 80	o Snec
., Address	TAS 26
Tampa, FL 33617 City, State and Zip	
City, State and Zip	至 节
6. The name and address of the new registered agent and/or office:	ZOOT SEP -4 ANIO: 51 SECRETARY OF STATE TALLAHASSEE, FLORI
PETER C. OLIKSOWYCZ	
Name	10: 10: 10: 10: 10: 10: 10: 10: 10: 10:
7402 NORTH 5645 ST. , STE 8000	
Florida street address (P.O. Box NOT accept	
TAMPA, FL 33617 City, State and Zip	
City, State and Zip	
If the limited liability company is not organized under the laws of the St confirmed that after the change or changes are made, the Florida street a and the business office of the registered agent will be identical. Or, in the liability company, it is hereby confirmed that the change(s) was/were au of the members of the limited liability company or as otherwise provide or the operating agreement of the limited liability company.	ddress of the registered office to case of a Florida limited thorized by an affirmative vote
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in comply with the provisions of all statutes relative to the proper and com and I am familiar with and accept the obligations of my position as regis Chapter 608, F.S. Or, if this document is being filed to merely reflect a address, hereby confirm that the limited liability company has been not	this capacity. I further agree to plete performance of my duties, stered agent as provided for in change in the registered office tifled in writing of this change.
(Signature of Registered Agent)	
Division of Corporations, P.O. Box 6327, Tallahass	see, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)