

M11000000994

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
KOZ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Koz, 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:

W. Phillip Palmisano
Name of Person

Corporate Creations International Inc.
Firm/Company

11380 Prosperity Farms Road #221E
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

sgoldberger@proskauer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. Phillip Palmisano at (561) 694-8107
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

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TALLAHASSEE, FLORIDA

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: Koz, LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

214 SOUTH OCEAN BLVD
MANALAPAN FL 33462

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

214 SOUTH OCEAN BLVD.
MANALAPAN FL 33462

02/24/2011
3. Date of filing/registration in Florida

M11000000994
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent: GARY KOSINSKI

Registered Office Address: 6000 OLD OCEAN BLVD,
OCEAN RIDGE FL 33435 US

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

NEW Registered Agent: GARY KOSINSKI

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 1501 Corporate Drive, Suite 230
Boynton Beach, FL 33426


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.



Signature of a member or authorized representative of a member

Gary Kosinski By: W. Phillip Palmisano - Atty-In-Fact
Printed or typed name of signer

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 **W. Phillip Palmisano, Special Secretary**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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