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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ad
10/20/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KEHAN KARS INC
Name of Corporation

DOCUMENT NUMBER: P01000118354

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FALAHPOUR, MEHDI
Name of Contact Person

KEHAN KARS INC
Firm/Company

7051 MUSKOGEE ST SUIT B
Address

ORLANDO FL 32807
City/State and Zip Code

KEHAN HARS @ YAHOO . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FALAHPOUR, MEHDI at (407) 923-8477
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KEHAN KARS INC
2. The principal office address: 7051 MUSKOGEE STREET SUIT B
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/13/2011 Document number: P01000118354
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FALAHPOUR, MEHDI

7051 MUSKOGEE STREET

ORLANDO FLORIDA 32807

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

FALAHPOUR, MEHDI

7051 MUSKOGEE STREET SUIT B

P.O. Box NOT acceptable

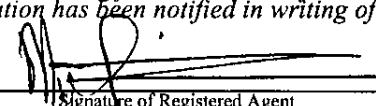
ORLANDO FLORIDA 32807

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 FALAHPOUR, MEHDI DIRECTOR /OWN
Signature of an officer or director Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 09/28/2011
Signature of Registered Agent Date

If signing on behalf of an entity:

MEHDI FALAHPOUR
Typed or Printed Name

*** FILING FEE: \$35.00 ***

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA