P03000089387

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COVER LETTER

10: Amendment Section Division of Corporations	
SUBJECT: KEHOE SYSTEMS, INC. (Name of C	orporation)
DOCUMENT NUMBER: P03000089387	
The enclosed Statement of Change of Registered Office HANGE OF OFFICER!	Agent and fee are submitted for filing. (370) ADONESS 43 TO TAY ROTHLEIN to the following:
JAY ROTHLEIN, ESQ. (Name of Con	ntact Person)
(Firm/Co	ompany)
800 West Ave., Suite C-1	ress)
Miami Beach, FL 33139 (City/State an	nd Zip Code)
For further information concerning this matter, please c	all:
Jay Rothlein, Esq. (Name of Contact Person)	at (305) 532-2250 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depart	ment 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

statement of char	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the State	of_Florida
1. The name of the	he corporation: KEHOE SYSTEMS	, INC.	
2. The principal	office address: 930 Washington Av	ve., Ste. 209, Miami Beach,	FL 33139
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 8-14-200	Document number: P03	000089387
	street address of the current registered a tment of State:	agent and registered office on file	e with the
	Jay Rothlein, Esq.		
	930 Washington Ave., Ste	. 209	
	Miami Beach, FL 33139		
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered	FILEI 05 SEP 26 I SECRETARY OF TALLAHASSEE
	800 West Ave., Ste. C-1 (P.O. Box NOT acceptable		LE 26 28 28 28
	Miami Beach, FL 33139	,	
The street addre	ss of its registered office and the street be identical.	address of the business office	of its registered agent,
Such change wa authorized by th	sauthorized by resolution duly adopte board, or the corporation has been no	ed by its board of directors or by otified in writing of the change.	y an officer so
- Kg/l	Mi	JAY KOTHLE IN (Printed or typed rame	SECRETARY DIRECTOR
	re of an othicer or drector) the appointment as registered agent an o comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in ti been notified in writing of this change		
(Sig	nature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
	yped or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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