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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT, KENAN FLORIDA CORP.

Name of Corporation

DOCUMENT NUMBER

P03000129495

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:

PAUL KIM, ESQ

Name of Contact Person

SHAPIRO & KIM LLP

Firm/Company

3113 Stirling Rd, Suite 202(One Emerald Pl.)

Address

Fort Lauderdale, Fl 33312

City/State and Zip Code

pkim@shapirokim.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Kim, Esq.

, 954

961-7000

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Kenan Florida Corp. office address: 765 West 16th Street	
3. The mailing a	Hialeah, Fl 33010 address (if different):	
4. Date of incorp	poration/qualification: 11/12/2003 Document number: P03000129495	
	d street address of the current registered agent and registered office on file with the remember of State: (If resigned, enter resigned)	
	Youn Ok Kim	
	13499 Biscayne Blvd. #1402	Ā
	North Miami, Fl 33010	LLAH
6. The name and (if changed):	Paul Kim, Esq. Shapiro & Kim LLP	USSEE, FL
	Paul Kim, Esq. Shapiro & Kim LLP	ORI
	One Emerald Pl. 3113 Stirling Rd. Suite 202 P.O. Box NOT acceptable	A A
	Fort Lauderdale, Fl. 33312	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	•
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	•
Signatu	We or an officer or director Youngklam Owner Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duities, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Sig	nature of Registered Agent Date	
Paul Kin	shalf of an entity: n un behalf of Shapiru & Kim LLP word or Printed Name	
T	yped or Printed Name	

MAKE CHECKS PAYABLE TO FUORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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