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SECRETARY OF STATE
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Rochange Thewis 12-11-09

COVER LETTER

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 change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: K. E. D. Proporties, tre.
2. The principal office address: 10524 GKe INILIAN DO
020516 FC 33556
3. The mailing address (if different):
4. Date of incorporation/qualification: 03 67 05 Document number: P056000 20653
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)
Shannen Oean
16322 Offenbaux Rd
Ddessa FC 33556 Fa 3
6. The name and street address of the new registered agent (if changed) and /or registered fixed (if changed):
Shannon Dear To D
10524 Lake William Or For w
P.O. Box NOT acceptable OSava FL 3355L
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.
Signature of an officer or director 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.
Manuar Dean 11/30/09
Signature of Registered Agent Date 1 If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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