

P06000033089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

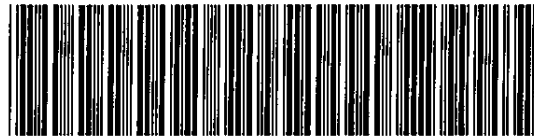
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/13/07--01002--008 **10.00

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C.C.

07 APR 12 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

R.A. Cherge
G. Coullotte APR 12 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KESEF, INC.
(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:

OREN GOTTESMAN
(Name of Person)

KESEF, INC.
(Firm/Company)

2314 SE 20th AVE
(Address)

CAPE CORAL, FL 33990
(City/State and Zip Code)

For further information concerning this matter, please call:

OREN GOTTESMAN at (239) 898-7291
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2007

OREN GOTTESMAN
KESEF, INC.
2314 SE 20TH AVE
CAPE CORAL, FL 33990

SUBJECT: KESEF, INC.
Ref. Number: P06000033089

We have received your document for KESEF, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You have submitted the wrong application for a corporation. I have enclosed the proper form for you to complete and return to me with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 007A00020510

RECEIVED
07 APR 12 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KESEF, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000033089

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:

OREN GOTTESMAN
(Name of Contact Person)

KESEF, INC.
(Firm/Company)

2314 SE 20TH AVENUE
(Address)

CAPE CORAL, FL 33990
(City/State and Zip Code)

For further information concerning this matter, please call:

OREN GOTTESMAN at (239) 898 - 7291
(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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: KESEF, INC.
- 2. The principal office address: 2314 SE 20TH AVENUE
CAPE CORAL, FL 33990
- 3. The mailing address (if different): S.A.A.
- 4. Date of incorporation/qualification: 03/06/2006 Document number: P06000033089

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

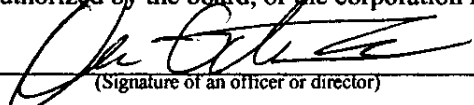
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

OREN GOTTESMAN
2314 SE 20TH AVENUE
(P.O. Box NOT acceptable)
CAPE CORAL, FL 33990

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TALLAHASSEE, FLORIDA


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)

OREN GOTTESMAN, OWNER
(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.


(Signature of Registered Agent)

4-04-2007
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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