P9900049123

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
AFF AHASSEE FLORIDA

- APR 13 2006

COVER LETTER

ion)			
and fee are submitted for filing.			
following:			
rson)			
KLH Preferred Properties, Inc. (Firm/Company)			
657 Saxony Blvd. (Address)			
Code)			
727 898-7227 Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

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: KLH Preferred Properties, Inc. 2. The principal office address: 657 Saxony Blvd. St. Petersburg, FL. 33716 3. The mailing address (if different): 657 Saxony Blvd. St. Petersburg, Fl. 33716 Document number: P99000049123 4. Date of incorporation/qualification; 06/1999 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Karen L. Hamm 1715 N. Westshore Blvd. Suite 220 Tampa, Fl. 33607 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Karen L. Hamm 657 Saxony Blvd. (P.O. Box NOT acceptable) St. Petersburg, Fl. 33716 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 other or director)

Karen L. Hamm President
(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)

March 31, 2006

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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