## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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SECHETARY OF STATE
ALLAHASSEE, PLORIDA

## REGISTERED AGENT CHANGE KB GREEN LLC

Certificate of Status	0
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Corporate Filing Menu

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11/30/2009

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF STAFE STAFE STAFE. FLORIDA

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

<u> </u>	
1. Name of the limited liability company:	KB GREEN LLC
2. (a) Principal office address of limited liability compan	y: 800 CRANDON BLVD
(Note: MUST BE STREET ADDRESS)	SUITE 200 KEY BISCAYNE, FLORIDA 33149
(b) Mailing address of limited liability company:	800 CRANDON BLVD
(Note: MAY BE POST OFFICE BOX)	SUITE 200 KEY BISCAYNE, FLORIDA 33149
05/28/2008	L08000052780
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	LEWINGER, RICK
Registered Office Address:	5300 W. HILLSBORO BLVD.
	SUITE 104 COCONUT CREEK, FLORIDA 33073
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent;	CRAIG B. SHAPIRO, ESQ.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ARAN CORREA GUARCH & SHAPIRO. 255 UNIVERSITY DRIVE MIAMI FL.33134
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby lorida street address of the registered office loal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member of authorized representative of a member	-
Printed or typed name of eigner	•
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am lamiliar with and accept the obligations of my posting for the control of the control o	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agont as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	AND THE WAY A STATE OF THE STAT

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**