14000142813

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
1. HORNE								





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RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

. . . .

	ACCOUNT NO.	:	12000000	0195				
	REFÉRENCE	:	020488	8469667				
	AUTHORIZATION	;	,	Level M.				
	COST LIMIT	:	\$ 25.00		sa.			
ORDER DATE :	February 28, 202	- 5						
ORDER TIME :	12:12 PM							
ORDER NO. :	020488-029							
CUSTOMER NO:	8469667							
CHANGE OF AGENT								
NAME: KCA QUEENS, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON	N: Amanda Miller		EXT#					

EXAMINER: ____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1.	Na	me of the limited liability company: KCA QUEENS, L	LLC				
2. (a	1)	2020 Salzedo Street	((b) 2020 Salzedo Street			
	٠,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, . ,	Mailing address of limit (Note: MAY BE POS	· · · · · · · · · · · · · · · · · · ·	
		Suite 301			Suite 301		
		Coral Gables, FL 33134			Coral Gables, FL 33134		
		09/11/2014		l	.14000142813		
3.		Date of filing/registration in Florida	4.	_	Document number		
5. (,	Registered Agent and Registered Office shown on the records of the 2020 Salzedo Street Registered Office Address (MUST BE FLORIDA STREET A Suite 301	Dept. of State:				
		Coral Gables , FL	33134			20	
(t	o)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	ress:	FILED 2025 HAR 17 MM II: 21			
	NEW Registered Office Address:						
		1201 Hays Street		2			
		Tallahassee , FL	32301				
chan agen was/ the a	ge t w we irti	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Iderico Moreno	registe bility c f the lii imited	rec con mi lia	l office and the business office apany, it is hereby confirmed ted liability company or as oth	e of the registered that the change(s) terwise provided in	
Sig	Signature of a member or authorized representative of a member			Printed or typed name of signee			
prov the o to m	isio bli ere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change.	ve to ac perforn for in ereby c	et i nav Cl cor	n this capacity. I further agre ace of my duties, and I am fam apter 605, F.S. Or, if this do afirm that the limited liability o	e to comply with the uiliar with and accept cument is being filed company has been	
Sign	atu	re of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00