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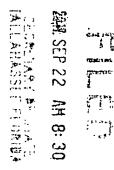
.	(Requestor's Name)					
(Address)						
(Address)						
	(City/State/Zip/Phone #)					
PICK-UI	WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



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7. Habble

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AEP CHARTER KCC I, LLC	
Name o	f 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 m	natter to the following:
LORETTA A. MCCOOL	
Name of Person	
UNISEARCH, INC.	
Firm/Company	
325 13TH ST. SUITE 404	
Address	
SALEM, OR 97301	
City/State and Zip Code	
UNISOP@UNISEARCH.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
LORETTA A. MCCOOL	800 554-3113
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 am	ount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

(a)	Principal office address of limited liability company: Mailing address of limited liability company:								
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 222 SW COLUMBIA ST. SUITE 1750 PORTLAND, OR 97201		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 222 SW COLUMBIA ST. SUITE 1750 PORTLAND, OR 97201						
						08/10/2016		M160000	06364
						Date of filing/registration in Florida	4.		Document number
(a)									
(4,	Registered Agent and Registered Office shown on the record	ls of the Flori	da Dept. of State	- 2:					
	C T CORPORATION SYSTEM								
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>SS)</u>	-					
	1200 SOUTH PINE ISLAND ROAD								
	PLANTATION	_{EI} 3332	4	A					
		, FL		SA					
b)				D eran					
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office a	ddress:						
	LINIOFARCILINIC								
	UNISEARCH, INC.	·····		C C C					
	NEW Registered Office Address:			30					
	155 OFFICE PLAZA DR.			-					
	TALLAHASSEE	. FL 3230	1						
		, - -		- orida, it is hereby confirmed that afte					

the articles of organization or the operating agreement of the limited liability company.

/S/ CINDY CAGGIANO, AUTHORIZED PERSON

CINDY CAGGIANO

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

UNISEARCH, INC.

Signature of Registered Agent

by Suallittee Signature of Registered Agent

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