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SECRETARY OF STATE
ALL AHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KDC-HPB Investments, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B0700000210

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tanya Dietrich

(Contact Person)

NRAI Corporate Services

(Firm/Company)

16055 Space Center Blvd., Ste. 235

(Address)

Houston, TX 77062

(City, State and Zip Code)

For further information concerning this matter, please call:

Tanya Dietrich

at / 800

862-5438

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS04 (01/06)

MAILING ADDRESS:

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

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

_{1.} KDC-HPB I	nvestments, L.P.		
Na	ume of Limited Partnership or Limite	d Liability Limited Partnership	
_{2.} 06/27/07 _{3.} B07		_{3.} B07000000210	
Date of filing	z/registration in Florida	Florida document number	
4. The name of the re Department of State:	egistered agent and the registered of	fice address as shown on the records of the Florida	
	C T Corporation Syst	em	
	Name		
1200 South Pine Island Road			
	Address		
Plantation, FL 33324		_,	
	City, State ar	nd Zip	
5. The name and Flor	rida street address of the new registe	red agent and/or office:	
	NRAI Services, Inc.	A TO COME	
Name			
	2731 Executive Park Drive	e, Suite 4	f
	Florida street address (P.O.	Box not acceptable)	*
	Weston	FL 33331 ♥ ♥ ♥	
	City, State ar		
6. Such change(s) is/a	are effective when filed by the Flori	da Department of State.	
I hereby accept the ap comply with the provi	sions of all statutes relative to the pi h an accept the obligations of my po	tSGP, LLC Igree to act in this capacity. I further agree to roper and complete performance of my duties,	
by: Signature of Registere	Diet— ed Agent Tanya Dietrich,	Asot. Secy.	
Filing Fee:	\$35.00 optional): \$52.50	1	