

5/23/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**BI600000251**

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Division of Corporations  
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**REGISTERED AGENT CHANGE  
KIG INVESTMENT PARTNERSHIP, L.P.**

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Electronic Filing Menu

Corporate Filing Menu

Help JUN 26 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KIG Investment Partnership, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B16000000251

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:

Clifford Esher  
Contact Person  
Foley Hoag LLP  
Firm/Company  
155 Seaport Blvd  
Address  
Boston, MA 02210  
City, State and Zip Code  
matias@kigip.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifford Esher at ( 617 ) 832-1767  
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

**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. KIG Investment Partnership, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. November 21, 2016 3. B16000000251  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Matias Sacerdote  
Name  
175 SW 7th Street, Suite 1210  
Address  
Miami, FL 33130  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Matias Sacerdote  
Name  
260 Crandon Blvd Ste 32 PMB 63  
Florida street address (P.O. Box not acceptable)  
Key Biscayne FL 33149  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*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.*

\_\_\_\_\_  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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2017 JUN 23 AM 10:21  
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TALLAHASSEE FL 32399