

D1500000000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

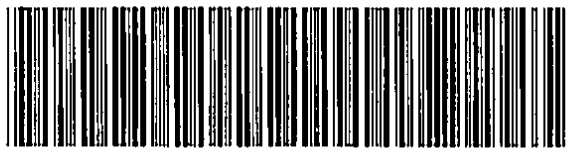
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 09 2017  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KB LAKE CITY DIALYSIS, DST

Name of Corporation

**DOCUMENT NUMBER:** D15000000024

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

Please return all correspondence concerning this matter to the following:

Chris Sorensen

Name of Contact Person

Sorensen Entity Services LLC

Firm/Company

12430 Spring Run Road

Address

Chesterfield, VA 23832

City/State and Zip Code

chris@sorensenes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Sorensen

Name of Contact Person

at ( 302 ) 245-3994

Area Code & Daytime Telephone Number

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

**Mailing Address:**

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

**Street Address:**

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KB LAKE CITY DIALYSIS, DST  
2. The principal office address: 10900 NUCKOLS RD #200, GLEN ALLEN, VA 23060

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/14/2015 Document number: D15000000024

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.  
17888 67th Court North  
P.O. Box NOT acceptable  
Loxahatchee, FL 33470

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TALLAHASSEE, FLORIDA  
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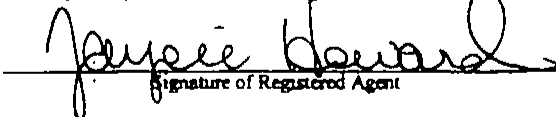
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Jeffrey A. Gregor - Manager  
\_\_\_\_\_  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

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

07/31/2017  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Jaycie Howard on behalf of InCorp Services, Inc.  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*