L03000011854

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RAIR DICHE

! ALBRITTON



CSC - WILMINGTON 251 Little Falls .Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: November 12, 2020

Order#: 500155/001

Re: K-TAMPA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

2. (a)	4343 ANCHOR PLAZA PARKWAY		(b)	4131 Worth Avenue	
2. <u>(a)</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	-	mited liability company: POST OFFICE BOX)
	SUITE 200			Suite 500	
	TAMPA, FL 33634	_		columbus, OH 43219	
	04/02/2003		L	03000011854	
3. 5. (a)	Date of filing/registration in Florida C.T. CORPORATION SYSTEM	4.	_	Document numb	per
(-)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Flori	da [Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>(22</u>		
	PLANTATION	33324			2020 ·
(b)					∵ .
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			r ėss :	= :
	Corporation Service Company				7.
	NEW Registered Office Address:				\sim
	1201 Hays Street				
	Tallahassee , FL	32301			
:hange igent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li	red con mit	office and the business of npany, it is hereby confirm ed liability company or as	fice of the registered ed that the change(s)
	Lie E. agni	Ji	I C	lmi, Authorized Person	·
	ture of a member or authorized representative of a member			Printed or typed na	_
provisi he obl o meri	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to a perfori d for in hereby	cı i nar Cr cor	n this capacity. I further a nce of my duties, and I am , napter 605, F.S. Or, if this nfirm that the limited liabil.	gree to comply with the familiar with and accep document is being filed ity company has been
-	Drose C-Kuble				

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

Signature of Registered Agent Grace E. Kirby, Asst. Vice President of Corporation Service Company