1030000 20680

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECTION 17 AM 9: 34

C. BRUMBLEY
DEC - 9 2021

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations				
SUBJECT:	KITE	PROPERTIES	SLLC	
		Name	e of Limited Li	ability Company
Dear Sir or Madam	:			
The enclosed Regis	tered Agen	/Registered Offic	ce Change and	fee(s) are submitted for filing.
Please return all co	тespondenc	e concerning this	matter to the f	ollowing:
LINDA	M. Name	PAREISH of Person		_
KMETZ	EL WELL Firm/0	GRAHAM -	Assoc., PLL	<u>c</u>
<u>151</u> 5 1	ND/AN K	OVER BLUD,	57E (240	_
VERO	BEACH, City/State	FL 32960 and Zip Code		_
E-mail addres	• Kegae s: (to be use	oa · Com d for future annu	al report notific	cation)
For further informa	tion concert	ning this matter, p	lease call:	
BRIAN J.	ELWELL	, C.P.A.	at (<u>772</u>	
Nai	ne of Perso	n		Area Code & Daytime Telephone Number
<u>Mailing A</u>				Street Address:
Registratio				Registration Section
Division o		ons		Division of Corporations
P.O. Box 6 Tallahasse		4		The Centre of Tallahassee
i alialia\$SC	c, I'L 3231	4		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a check fo	r the following a	mount:	
⅓ \$25 Filin	g Fee		□ \$5:	5 Filing Fee & Certified Copy

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.

1.	Name of the limited liability company:KITE	PROPERTIES LLC
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 1575 IND (AN RIVER BLVD. SWIFE C240) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	VERO BEACH, FL 32960	VERD BEACH, FL 32960
	Date of filing/registration in Florida	L03000020680
3.	Date of filihg/registration in Florida a) K. TAYLOR WHITE	4. Document number
	Registered Agent and Registered Office shown on the records of 150 WEST FLAGLER STREET SUIT Registered Office Address (MUST BE FLORIDA STREET)	E 2200
		<u></u>
(1	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:
	1575 INDIAN RWER BLVD, SUITE	C240 E III
	NEW Registered Office Address:	C 240 F D
	VERO BEACH , FI	32960
chan agen was/ the a	ge or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited li	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. Printed or typed name of signee
I he prov the c to m notij	reby accent the appointment as registered agent and ag	rnned or typed name of signee ree to act in this capacity. I further agree to comply with the performance of my duties, and I am Jamiliar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

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