L05000088939

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SECRETARY OF STATE ON OF CORPORATION

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N. Cuttigan FEB 15 2011

COVER LETTER

Division of Corporations		
SUBJECT: KCS Plantation LLC Name of Limited Liability Company		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Tina Warnke Name of Person		
Stock Investments Firm/Company		
4696 Golden Pond Park Ct. #400 Address		
Oneida, WI 54/55 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tina Warnke at (920) 884-2697 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Area Code & Daytine Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
S55 Filing Fee & Certified Copy		

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Λ.	
1. Name of the limited liability company: KCS Pl	antation LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Naples, FL 34119
(b) Mailing address of limited liability company:	4696 Golden Pond Peril Gt, # 400
(Note: MAY BE POST OFFICE BOX)	Oneida, WE 54 Pages
September 9, 2005	L05000088937
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	S TE
Registered Agent:	Keith Gelder & 2"
Registered Office Address:	Naples, FL 34119
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
NEW Registered Agent:	Eleanor Tatt
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2647 Professional Circle, Suite 1203
,	Naples ,FL 34/19
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited
K.C. Stock Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the production of am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this abcument is being filed to mead the second appropriate the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Regulatered Agent	
//// Division of Corporations, P.O. Box 633 FILING FEE: \$2	

INHS18 (05/08)