Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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## LLC REGISTERED AGENT CHANGE KRG/PRP OLDSMAR, LLC

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M. SOLOMON

NOV - 5 2024

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## 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.

ĵ.	Na	ame of the limited liability company: KRG/PRP Oldsma	r, LLC	C 					
2	(a)	30 South Meridian Street		(b)	30 South Meridi	ian Street			
	(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailin	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Ste 1100			Ste 1100				
		Indianapolis, IN 46204		Indianapolis, IN 46204					
		11/09/2005		L	.05000109013				
3.		Date of filing/registration in Florida	4,	_	Doci	ument number			
5.	(a)	C T CORPORATION SYSTEM							
	,,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 SOUTH PINE ISLAND ROAD							
		Registered Office Address	DDRE	ESS)		12 CO	2024 NOA -202		
	(b)	PLANTATION, FL	33324	•		TASSI			
		United Agent Group Inc.							
		Enter name of NEW Registered Agent and/or NEW Registered (	Office	ndd	ress:	F	2: 39	Sec.	
		801 US Highway 1				m	9		
		NEW Registered Office Address:							
		North Palm Beach, FL_	33408		<del></del>				
cha age wa	inge ent v s/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	regist bility f the l	erec con imit	office and the pany, it is here ed liability com	business office of the by confirmed that the npany or as otherwis	e regis e chan	icred gc(s)	
A	1de	ia Myles	A	dia l	Myles, Attorney-				
	•	ture of a member or authorized representative of a member				ted or typed name of sign			
pro the to	oviși obl merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change	e to a perfor for it ereby	nct i mar n Cl ' cor	n this capacity. nce of my duties napter 605, F.S. firm that the lir	I further agree to c s, and I am familiar t . Or, if this documer mited liability compo	omply with an it is bei iny has	with the d accept ing filed been	

Adia Myles, Special Secretary