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Division of Corporations

Florida Department of State Division of Corporations

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(((H22000144629 3)))



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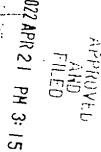
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LLC REGISTERED AGENT CHANGE KUNTRY KUBBARD-FELDA, LLC

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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, Florido Statutes, the undersigned limited liability company submits the fullowing statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: KUNTRY KUBBA	ARD-FE	LDA, LLC				
2. (a)	IA SARASOTA CENTER BLVD		10 SARA	10 SARASOTA CENTER BLVD.			
2. (4)	Principal office address of limited liability company: (Note: MUST RESTREET ADDRESS)			Mailing address of limited (Note: MAY RE POST			
	SARASOTA, FL 34240		SARASO	ra, FL 34240			
	NOVEMBER 22, 2005	_	L05000114	005			
3.	Date of filing/registration in Plorida	4.		Document number			
5. (a	JACK W. MILHOLLAND, JR.			_			
(-	Registered Agent and Registered Office shown on the records of the 10 SARASOTA CENTER BLVD.	he Florida	Dopt, of Stat	# ;			
	Registered Office Address (MUST BE FLORIDA STREET A	DDHES	2	-	<u></u> ئمد	202	
	SARASOTA FL.	34240		- -	二 注例 表	2022 APR. 2	
(b)	CROSS STREET CORPORATE SERVICES, LLC	_		_	ا داد این از داد از مینواند	2	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:				0,
	200 SOUTH ORANGE AVENUE			_	東日 製工	<u>က</u>	
	NEW Registered Office Address:					CJ.	
	SARASOTA, FL	34236		-			•
chans agent was/v	limited liability company is not organized under the law we or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticks of organization of the operating agreement of the	register bility co f the lin	ed office an impany, it i lited liabilit	id the business office is hereby confirmed the iy company or as other	of the reg	istered ingc(s)	
	al al MI	. <u>A</u> L.	AN M. ELW	ELL, As its Authorized		tative	
,	adde of a member of authorized representative of a member			Printed or typed name of			
provi the or to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete to the proper and complete to bligations of my position as registered agent as provided rely reflect a change in the registered office address. I head in writing of this pagings.	oerjorm Hor in t	ance oj my Spanjer 611	suites, and rain joint 5. F.S. Or if this doc	ument is t	reing fi	lea
Signa	ture of Registered Agent Midsael J. Wilson, As its Vice President		a . m				
	Division of Corporations P.O. I	sax 632	7♦ Tallahu	issee, FL 32514			

INHS18 (2714)

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