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(((H23000271510 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:__

LLC REGISTERED AGENT CHANGE KISSIMMEE HEIGHTS ASSOCIATES, LLC

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COVER LETTER

	istration Section ision of Corporations						
SUBJECT:	KISSIMMEE HEIGHTS ASSOCIATE	ES. LLC					
SUBJECT.	Name o	of Limited	Liability Company				
Dear Sir or I	Madam:						
The enclosed	d Registered Agent/Registered Office	Change an	d fec(s) are submitted for filing.				
Please return	all correspondence concerning this n	natter to the	e following:				
Lori Whalen							
	Name of Person						
Registered Ag	gent Solutions, Inc.						
	Firm/Company						
Corporate Ce	nter One, 5301 Southwest Pkwy, Ste 400						
	Address						
Austin, TX 78	3735						
	City/State and Zip Code		····				
E-mail	address: (to be used for future annual	report noti	fication)				
For further in	nformation concerning this matter, ple	ase call:					
Lori Whalen		888 at (705-7274				
	Name of Person		Area Code & Daytime Telephone Number				
	ling Address:		Street Address:				
	stration Section		Registration Section				
	sion of Corporations		Division of Corporations				
	Box 6327	The Centre of Tallahassee					
i ana	nhassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Encl	osed is a check for the following am	ount:					
	5 Filing Fee		55 Filing Fee & Certified Copy				
INHS18 (2/14)			-				

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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.

1. N	ame of the limited liability company:	KISSIMMEE HER	GHTS A	SSOCIATE	ES, LLC			
2. (a)	369 EAST 62ND STREET		(b	369 EAS	T 62ND STRE	ET		
(-/	Principal office address of limited liabi (Note: MUST BE STREET AD		_ (0		Mailing address o			•
	NEW YORK, NY 10065		_	NEW YOR	RK, NY 10065			
	1/10/2007		-	 L07000003	624			
3.	Date of filing/registration in F	lorida	4,		Document nur	mber		
5. (a)	BlumbergExcelsior Corporate Services	s, Inc.						
J. (a)	Registered Agent and Registered Office shown	on the records of the	c Florida	Dept. of State	- }:			
	155 Office Plaza Drive			•				
	Registered Office Address (MUST BE FLO	ORIDA STREET AL	DRESS	 }	-			
	1st Floor							
	Tallahasse	. FL ³	2301		-			
(b)	Registered Agent Solutions, Inc.		·		-		2023 AUG	
\- <i>\</i>	Enter name of NEW Registered Agent and/or	NEW Registered O	ffice ado	lress:	•	걸린	AUG	
	2894 Remington Green Ln.					\$355 \$355 \$355 \$355 \$355 \$355 \$355 \$355	1	FILE
	NEW Registered Office Address:				•	三年	7	0)
	Ste. A					95	6: -	τ
	Tallahassee	, FL	2308			<u>.</u>	ع	
change agent w was/we	imited liability company is not organize or changes are made, the Florida street vill be identical. Or, in the case of a Flories authorized by an affirmative vote of cles of organization or the operating agr	address of the re orida limited liabi the members of t	gistered ility cor the limi	d office and npany, it is ted liability	the business of hereby confirmation or a	office of the	registe	ered e(s)
/s/	TONY HUANG		TON	Y HUANG	М	lember		
	ure of a member or authorized representative of				Printed or typed	•		
he obli o mere iotified	ny accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered ago by reflect a change in the registered office in writing of this change. Handwidth							
 	Mackenzie Hible	er. Asst. Secretar	У					

Signature of Registered Agent