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D. SCOTT MAY 3 0 2017

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	· · · · · · · · · · · · · · · · · · ·					
	Nan	ne of Lir	mited Li	ability (Company	
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered Off	ice Chai	nge and	fcc(s) a	re submitted for filing.	
Please	e return all correspondence concerning th	is matte	r to the	followi	ng:	
	Tae Shin					
	Name of Person					
	Shin Law Firm, P.A.					
	Firm/Company					
	201 E. Pine St., Suite 320					
	Address					
	Orlando/ FL 32801					-1,0
	City/State and Zip Code					
	tshin@shinlawgp.com					ララスト
J	E-mail address: (to be used for future ann	ual repo	ort notifi	cation)		SAR OF IT
For fu	rther information concerning this matter,	please	call:			PH 1: 36 FEE. PLONDS
	Tae Shin	at (407)	730-7814	
	Name of Person	_		Area	Code & Daytime Telepho	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.O	gistratio rision of . Box 6	G ADDRESS: on Section of Corporations 327 e, Florida 32314	
	Enclosed is a check for the following	amoun	t:			
	\$25 Filing Fee		□ \$5	5 Filing	g Fee & Certified Copy	
INHS1	8 (2/14)					

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.	Na	me of the limited liability company:	KATE PROPE	RTIES, L	LLC	_
2	(a)	2250 N.W. 114TH AVENUE,		(b)	2250 N.W. 114TH AVENUE	
۷.	(w) .	Principal office address of limited liabili (Note: MUST BE STREET ADD		. (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	-
		UNIT 1P			UNIT 1P	_
		MIAMI, FL 33172-3652			MIAMI, FL 33172-3652	_
		10/31/2011			L11000124233	
3.		Date of filing/registration in Fl	orida	4.	Document number	
5.	(a)	Tae Shin				
	` ,	Registered Agent and Registered Office shown	on the records of the	e Florida Dep	ept. of State:	
		7680 Universal Blvd.,				
		Registered Office Address (MUST BE FLO	RIDA STREET AD	DDRESS)		
		Suite 198				
		Orlando	, FL	32819) 	
	(b)	Tae Shin				
		Enter name of NEW Registered Agent and/or I	NEW Registered O	ffice addres	ss:	
		201 E. Pine St.,				
		NEW Registered Office Address:			さん か こ	
		Suite 320			SSERIO DE L	
					THE PLANT OF THE P	
		Orlando	, FL	32801	LORDU LORDU	
the ag	e cha ent v is/we	nge or changes are made, the Florida str vill be identical. Or, in the case of a Flo	eet address of the rida limited liab the members of	he register bility comp the limited mited liab	tate of Florida, it is hereby confirmed that after red office and the business office of the registere pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.	d
	Signal	ture of a member or authorized representative of	a member	TA	9C Sh.O. Printed or typed name of signee	_
I protection	herei ovisi e obl mere stified				t this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	e ot t