5/26/2016 10:45 Division of Corporation

# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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LLC REGISTERED AGENT CHANGE STAT CLC

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KAR MRP 1, LLC

MAY 27 2016

N. CAUSSEAUX

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Corporate Filing Menu

Help

CC	OVER LETTER
TO: Registration Section	
Division of Corporations	
SUBJECT: KAR MRP 1, LLC	
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
_	
Name of Person	<del></del>
Firm/Company	
Address	<del> </del>
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	,
To runter information concerning this matter, prease	tan.
at (	·
Name of Person	Area Code & Daytime Telephone Number
STREET/COURTER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	2 41.04.04.05.05.05.05.05.05.05.05.05.05.05.05.05.
Enclosed is a check for the following amoun	t:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (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.

( , -			(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	2525 PONCE DE LEON BLVD. SUITE 700		2	525 PON	CE DE LEON BLVD. SUITE 700		
	CORAL GABLES, FL 33134			ORAL G	ABLES, FL 33134		
1	05/30/2013		L)	30000789	35		
-	Date of filing/registration in Florida	4.			Document number		
(a) _							
I	Registered Agent and Registered Office shown on the records	of the Flori	da De	pt. of State	:		
	WEISS SEROTA HELFMAN PASTORIZA COLE &	BONI					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u>S.S.)</u>				
	2525 PONCE DE LEON BLVD. SUITE 700						
•	CORAL GABLES	33134					
	, 1	FL			¥ 26		
(b)					Section 1		
(") I	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddre	<u>ış:</u>	PA T		
	C T Corporation System				16 HAY 26 PH 1: 52		
-	NEW Registered Office Address:				75. S. 2		
_	1200 South Pine Island Road				<b>ਦ</b>		
-	1200 Souli File Island Kond						
	Plantation , 1	33324					
		rı					