## 114000064010

(Requestor's Name)	<del></del>						
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 027675 8353174
AUTHORIZATION:
COST LIMIT : \$ 25.00
ORDER DATE: September 23, 2021
ORDER TIME : 2:04 PM
ORDER NO. : 027675-003
CUSTOMER NO: 8353174
CHANGE OF AGENT
NAME: KB 2150, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY _XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER:

## 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	ame of the limited liability company: KB 2150, LLC							
2. (a)	161 N CLARK STREET SUITE 3030		(b)	161 N CL	ARK STRE	ET SUITE	3030	
( <sub>)</sub>	Principal office address of limited liability company:  ( <u>Note: MUST BE STREET ADDRESS</u> )		(0).	N	dailing addres ( <u>Note: MA</u> I		-	
	CHICAGO, IL 60601	_	-	CHICAGO	), IL 60601			
	04/18/2014		L —	14000064	010			
3.	Date of filing/registration in Florida	4.			Document r	number		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State YULMAN, E RICHARD  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	4000 PONCE DE LEON BLVD STE 510							
	CORAL GABLES . FI	33146	;				262	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office  Corporation Service Company			ess:		LIANSE	(1): -2 MM 9: 00	
	NEW Registered Office Address:				•		9.	Name of the last o
	1201 Hays Street						Ö	
	Tallahassee	32301						
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of of the li limited	ered com mite I lial	office and pany, it is ed liability bility comp	the busines hereby con company o	ss office of firmed that or as other	f the re at the c	egistered hange(s)
Signat	ture of a member or authorized representative of a member				Printed or typ	ed name of	signee	
provisi he obli o mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i I in writing of this change.	ree to a perform d for in herchy	ct in nanc Che conj	this capa ve of my d apter 605, firm that th	city. I furth uties, and I F.S. Or, if he limited li	er agree t am famili this docu ability coi	o com ar with ment is mpany	ply with the h and accept being filed has been
Signatur	rc of Registered Agent			Grace	e E. Kirby, a	Asst. Vice	Presid	<u>dent</u>