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SECRETARY OF SIAIL

O. BRUCE

COVER LETTER

Division of Corporations						
Kykuit Enterprises, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to	o the following:					
Timothy M. Moore						
Name of Person						
Firm/Company						
12746 S Lake Sawyer Drive						
Address						
Windermere, Florida 32786	7 2					
City/State and Zip Code	2017 JAN SECRETA					
timothy.moore@kykuitent.com	JAN 26 AHASSEE.					
E-mail address: (to be used for future annual report	notification)					
For further information concerning this matter, please cal						
Nicole C. Smith, Esq. 407						
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$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.

1.	Na	me of the limited liability company: Kykuit Enterp						
2	(a)	12746 S Lake Sawyer Lane		(b) 12746 S Lake Sawyer Lane				
4-,	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Windermere, Florida 32786			Winderm	nere, Florida 32786		
		September 4, 2015		L	.1500014	9613		
3.		Date of filing/registration in Florida	4.	_		Document number		
5.	(a)	Timothy Mark Moore						
	()	Registered Agent and Registered Office shown on the records of	the Flori	da	Dept. of State	×		
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>(22</u>				
		390 North Orange Avenue, Ste 1500	Prange Avenue, Ste 1500			2017 ALL		
		Orlando . FL	3280	1		AH CO		
	(b)	Timothy Mark Moore				TILE SECRETION 26 ALLAHASSEE		
	•	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		12746 S Lake Sawyer Lane			7 38 ORIOA			
		NEW Registered Office Address:			•			
		Windermere	3478	6				
the age wa	cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	vs of the regability of the li	ne s gist cor mi	ered office npany, it is ted liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.		
S	igna	are of a member or authorized representative of a member				Printed or typed name of signee		
pro the to	Wisi obl mere	by decept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if in writing of this change.	perfori d for in	ma ı C	nce of mỳ d hapter 605	duties, and I am familiar with and accept , F.S. Or, if this document is being filed		
Sig	znatů:	refor Registered Agent						
		Division of Corporations • P.O. I				see, FL 32314		