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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number : (855)330-1010

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

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Elliatt	WOOTG22'	 

## LLC REGISTERED AGENT CHANGE KENN'S PLACE LLC

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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.

(a)Principal office address of limited fiability company:	(b)		
( <u>Note: MUST BE STREET ADDRESS</u> )	(Note: MAY BE POST OFFICE BO.		
7200 SHANAS TRL	7200 SHANAS TRL		
PORT ST LUCIE, FL 34952	PORT ST LUCIE, FL 34952 L18000084954		
04/04/18			
Date of filing/registration in Florida	4. Document number		
(a) LEGALINC CORPORATE SERVICES I	NC.		
Registered Agent and Registered Office shown on the record			
	2.7		
Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		
476 RIVERSIDE AVE.			
1ACKSONIVILLE	22202		
JACKSONVILLE	Pred Office address:		
ь) Registered Agents Inc			
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	red Office address:		
7901 4th St N			
NEW Registered Office Address:			
STE 300			

the change or changes are made, the Florida street address of the registered office and the business office of the register agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

	, , ,	-	• •	
Rokin to			ROBIN JONES	^
Signature of a member or authori	ized representative of a member		Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been partitled in writing of this change. natified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent