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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: KBT300.4G, LLC Name of Corporation						
Name of Corporation						
DOCUMENT NUMBER: L20000181124						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Lauren Eder						
Name of Contact Person						
KBT300.4G, LLC						
Firm/Company						
2 Belleview Terrace						
Address						
Princeton, NJ 08540						
City/State and Zip Code						
lauren.eder@gmail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please	e call:					
Lauren Eder	31 (609) 955-2552					
Name of Contact Person	at (609) 955-2552 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Depa	irtment of State.					
Mailing Address: Amendment Section	Street Address: Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

CR2E045 (04/13)

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: KBT 300.4G LLC			
2. (a)			(b))
`	. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	` ' .	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		2 BELLEVIEW TERR			
		PRINCETON, NJ 08540	_	_	
		06/23/2020		L:	L20000181124
3.		Date of filing/registration in Florida	4.	_	Document number
5.	las	JENNIFER ZAKIN, REDGRAVE & ROSENTHAL, LLP			
J.	(a)	Registered Agent and Registered Office shown on the records of the	ne Flo	rida D	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET A	DDR.	ESS)	2
		225 N.E. MIZNER BOULEVARD, SUITE 440			
		BOCA RATON , FL	3343:	2	
(b)	b)	LAUREN EDER			
(2,		Enter name of NEW Registered Agent and/or NEW Registered (Office	addr	dress:
		NEW Registered Office Address:			
		4201 N OCEAN BLVD. C-207			
		BOCA RATON , FL	3343	l	
char ager was	nge nt v /wc	imited liability company is not organized under the law, or changes are made, the Florida street address of the rould be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	egis pility the	tered com limite	d office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
		When & SMA	L	.AUR	REN EDER, MANAGER
Si	នីវេរា	ture of a member or authorized representative of a member	_	-	Printed or typed name of signee
I he pro- the to n noti	eret visi obl iere fiec	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	e to erfo for i ereby	act in rman n Ch v conj	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of