## L20000181136

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(Address)					
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## **COVER LETTER**

то:	O: Amendment Section Division of Corporations								
SUBJI Name	ECT: KBT300.4H, LLC of Corporation		<del></del>	<del></del>					
DOCU	JMENT NUMBER: L20000181136								
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									
Name	of Contact Person								
	00.4H, LLC								
	ompany								
	view Terrace								
Addres									
	on, NJ 08540								
City/St	ate and Zip Code								
lauren.eder@gmail.com									
E-mai	l address: (to be used for future annu	al report noti	fication)	<del></del>					
For further information concerning this matter, please call:									
Lauren	Eder	al	609	955-2552					
	Name of Contact Person	at	Area Cod	) 955-2552 e & Daytime Telephor	ne Number				
Enclos	ed is a \$35.00 check made payable to th			,					
Lineitos	ed to a \$55,000 effect made payable to th	ic iseparament	or state.						
	Mailing Address:		t Address						
	Amendment Section	ection							
Division of Corporations Division of Corporation									
	P.O. Box 6327 The Centre of Tallahassee								

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## 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	me of the limited liability company: KBT 300.4H, LLC		·			
2. (a)			)			
( <del></del> /	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (5	Mailing address of limited (Note: MAY BE POST	, , ,		
	2 BELLEVIEW TERR					
	PRINCETON, NJ 08540	_				
	06/23/2020	1	L20000181136			
3.	Date of tiling/registration in Florida	4.	Document number			
5. (a)	JENNIFER ZAKIN, REDGRAVE & ROSENTHAL, LLP					
(u)	Registered Agent and Registered Office shown on the records of the	Dept. of State:				
		<del> </del>		(2) (3)		
	Registered Office Address (MUST BE FLORIDA STREET A  225 N.E. MIZNER BOULEVARD, SUITE 440	<u> </u>				
				:		
	BOCA RATON , FL	33432				
	LAUREN EDER			• . •		
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Iress:				
			•	- 7		
	NEW Registered Office Address:					
	BOCA RATON 3	33431				
	, FL					
change agent was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liabers.	registere pility con the limi	d office and the business office o mpany, it is hereby confirmed the ited liability company or as other	f the registered at the change(s)		
	DINO B- EDIO	LAU	REN EDER, MANAGER			
Signa	ture of a member or authorized representative of a member		Printed or typed name of	signee		
provis the ob- to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I hid in writing of this change	erforma for in C ereby co	in this capacity. I further agree to the of my duties, and I am famili hapter 605, F.S. Or, if this docu- nfirm that the limited liability con	to comply with the ar with and accept ment is being filed mpany has been		
Signati	ire of Registered Agent June 10 - Ede	<u>_</u>				