## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)594-8107 Phone Fax Number : (561)214-8442

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

Email Address:\_

## LLC REGISTERED AGENT CHANGE KENSINGTON LANDINGS, 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.

Name of the limited liability company:		KENSINGTON LANDINGS, LLC		
2.	(a)	12895 SW 132ND ST	(b)	12895 SW 132ND ST
	\- <u>'</u>	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)
		MIAMI, FL 33186		MIAMI, FL 33186
		01/20/2021		L21000040344
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	CORPORATION SERVICE COMP	PANY	
,	, ,	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
		1201 HAYS ST	_	
		Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	···
	<u>م</u>	TALLAHASSEE , FL  Corporate Creations Network In		2022 JUN 1
	(b)	Enter name of NEW Registered Agent and/or NEW Registered		<del></del>
		801 US Highway 1  NEW Registered Office Address:	-	——————————————————————————————————————
		. North Palm Beach , FL	33408	
cha age wa the	ange ent v s/we arti	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 lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered offi bility compan f the limited li limited liabilit	ice and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in y company.
		Rachal Joseph  Ture of a member or suth fixed representative of a member		Rachel Joseph, Attorney-in-Fact
		•		
pro the to t	oviși obli mere	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete j igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act in thi performance of I for in Chapte ereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
£ Sig	201 Zuntur	hal Osaph Rachel Joseph, Special Se	cretary	