

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L22000146021

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000235380 3)))



H22000235380A5CZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : INCORP SERVICES INC  
 Account Number : I20120000007  
 Phone : (702)866-2500  
 Fax Number : (702)900-2290

2022 JUL 13 AM 10:58

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

Email Address: managedreports@incorp.com

**LLC REGISTERED AGENT CHANGE  
 KRI-CAP JV, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 JUL 13 PM 3:44  
 APPROVED  
 FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KRI-CAP JV, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlene Calderon

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. · Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlene Calderon at 800-246-2677  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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. Name of the limited liability company: KRI-CAP JV, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3001 NORTH ROCKY POINT DRIVE EAST, STE 200 TAMPA, FL 33607 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 9821 OLDE EIGHT ROAD, SUITE F NORTHFIELD, OH 44067

3. Date of filing/registration in Florida 04/07/2022 4. Document number L22000146021

5. (a) KRI PROPERTIES FLORIDA, LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3001 NORTH ROCKY POINT DRIVE EAST, STE 200 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) TAMPA, FL 33607

(b) InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 17888 67th Court North NEW Registered Office Address: Loxahatchee, FL 33470

2022 JUL 13 PM 3:44 RECEIVED AND FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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.

Signature of a member or authorized representative of a member Kim Mirus 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 duties, 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 notified in writing of this change.

Signature of Registered Agent Isabel Burgos on behalf of InCorp Services, Inc.