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Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5296

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LLC REGISTERED AGENT CHANGE KINGS CREEK OF STEINHATCHEE 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.

1. N	ame of the limited liability company: KINGS CREEK O	F STEINHATCHE	E 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	04/28/22 Date of filing/registration in Florida	L22000:	
3.	2 0	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	
	JACKSONVILLE	32202	
(b)	Registered Agents Inc		2
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	2024 Máy – 1
			3 5
	7901 4th St N		
	NEW Registered Office Address:		_ ,.
	STE 300		
		-	
	St. Petersburg , FL	33702	
the ch agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered on ability company of the limited liab	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
	The distance from the state of a member authorized representative of a member	Robin Jones	
			Printed or typed name of signee
I here provis the ob to mer natibe	thy accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I did writing of this change. David Roberts - Assistant Se		capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been