L23000136928

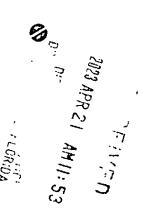
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2023 APR 21 PH 12: 45



F 7 2 2 2 2

CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO.	:	I20000000	195		
REFERENCE	:	690653	4312909		
AUTHORIZATION	:	Convelle	Lenan		
COST LIMIT	:	\$ 25.00	re no e		
ORDER DATE : April 21, 2023					
ORDER TIME : 9:15 AM					
ORDER NO. : 690653-005					
CUSTOMER NO: 4312909					
			· • • • • • • • • • • • • • • • • • • •		
CHANGE OF AGENT					
NAME: KC SAWGRASS LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weilar	nd - s	sorenson	· EXT#		

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KC SAWGRASS LLC	
Name of Lif	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Name of Person	
Firm/Company	
Timizeompany	
Address	
City/State and Zip Code	
on, some manage code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	all:
at ()
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
INHS18 (2/14)	

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. i	Name of the limited liability company: KC SAW	/GRASS LLC	
2. (a)	(b)	
·	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			000136928
3.	Date of filing/registration in Florida		Document number
5 (NRAI Services, Inc.		
5. (a	Registered Agent and Registered Office shown on the re	cords of the Florida Dept	. of State:
	1200 South Pine Island Road		202
	Registered Office Address (MUST BE FLORIDA S	2023 APR	
			~~~ ~~~
	Plantation	. FL 33324	
		***************************************	—————————————————————————————————————
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office address:	
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	. FL 32301	
chang agent was/v	limited liability company is not organized under ge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the menticles of organization or the operating agreement	s of the registered off nited liability compar mbers of the limited l	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	/ Devin Radkay		adkay , Authorized Person
-	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the oi to me notifi	eby accept the appointment as registered agent a sions of all statutes relative to the proper and concluded the proper and as prefered agent as prefered agent as prefered agent as prefered agent.  If the of Registered Agent	mplete performance or provided for in Chapt ress. I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been

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