Florida Department of State División of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

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

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LLC REGISTERED AGENT CHANGE KAHEALANI PROPERTIES 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.	Name of the limited liability company: KA	HEALANI PROP	ERTIES LLC
2. (a	Principal office address of limited liability (Note: MUST BE STREET ADDRI	company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/20/23		L23000140962
3.	Date of filing/registration in Flor	ida 4.	Document number
5. (a	a) REGISTERED AGENTS INC.		
	Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORI)	DA STREET ADDRESS	<u>.</u>
	7901 4TH ST N STE 300		•
			20
	ST. PETERSBURG	, FL_33702	23 H
(b	,, Northwest Registered A	Agent LLC	2023 HAY - 3
	Enter name of NEW Registered Agent and/or NE	W Registered Office ad-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7901 4th St N		ت. الطح الطح
	NEW Registered Office Address:		 ೮
	STE 300		
	St. Petersburg	FL_33702	
the chagent agent was/v the ar	hange or changes are made, the Florida street will be identical. Or, in the case of a Florid were authorized by an affirmative vote of the cticles of organization or the operating agreet	t address of the regis a limited liability co- members of the lim- ment of the limited I	State of Florida, it is hereby confirmed that after stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company.
	nature of a member or authorized representative of a m	ROBIN JONES Printed or typed name of signee	
			••
provi the of to me notifi	sions of all statutes relative to the proper an bligations of my position as registered agent rely reflect a change in the registered office ed in writing of this change.	d complete performe as provided for in C address, I hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed on firm that the limited liability company has been
4- /V	Taylor Newman -	 Assistant Secret 	tary

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

Signature of Registered Agent