10/18/24, 12:15 PM

Division of Corporations

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

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

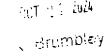
Email Address:___

LLC REGISTERED AGENT CHANGE KCH TOWN CENTER, LLC

Certificate of Status	0
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	KCH TOWN CENTER, LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning	this matter to the f	following:		
Alexa	nder Vestal				
	Name of Person				
Regist	ered Agent Solutions, Inc.				
	Firm/Company				
Согро	rate Center One, 5301 Southwest Pkwy, St	e 400			
	Address		_		
Austir	a. TX 78735				
	City/State and Zip Code				
	E-mail address: (to be used for future a	nnual report notifi	cation)		
For fu	rther information concerning this matte	er, please call:			
Alexa	nder Vestal	888 at (705-7274		
	Name of Person	ar (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	ng amount:			
	☐ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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.

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)	
	2/20/2022		000445734		
,	3/30/2023		000145724		
3. 5. (a)	Date of filing/registration in Florida TRAC - THE REGISTERED AGENT COMPANY	4.	Docu	ment number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address 236 E 6TH AVE	EET ADDRESS)			
(b)	TALLAHASSEE	, FL_32303			
	Registered Agent Solutions, Inc.			2834 C	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office addres	<u>\$</u> ;		
	2894 Remington Green Ln.			C	
	NEW Registered Office Address:				
	Ste. A				
	Tallahassee	. FL 32308			
change agent v was/we	mited liability company is not organized under the or changes are made, the Florida street address of zill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of	the registered of diability comparts of the limited the limited liabi	ffice and the b my, it is herel liability com lity company.	pusiness office of the registered by confirmed that the change(s) pany or as otherwise provided in	
/s/ Signat	Jaclyn Wright ure of a member or authorized representative of a member	Jaclyn \		Authorized Person	
l herel provisi the obli	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provity reflect a change in the registered office address	lete performance ided för in Chai	his capacity. of my duties, ster 605. F.S.	I further agree to comply with the and I am familiar with and accept Or, if this document is being filed	

Signature of Registered Agent