10/18/24, 11:28 AM

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 Fax Number : (888)706-7274

Email Address:

annual report mailings. Enter only one email address please.**

 $oldsymbol{\mathbb{R}}$ Enter the email address for this business entity to be used for future

LLC REGISTERED AGENT CHANGE KCH ORANGE PARK, LLC

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COVER LETTER . .

TO: Registration Section Division of Corporations	
KCH ORANGE PARK, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Alexander Vestai	
Name of Person	
Registered Agent Solutions. Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
Alexander Vestal at	888 705-7274
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 amo	unt:
□ \$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.

. (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)
	3/30/2023	L23000148	001
.	Date of filing/registration in Florida	4.	Document number
. , ,	TRAC . THE REGISTERED AGENT COMPANY		
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept, of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET) 236 E 6TH AVE	(ADDRESS)	
	TALLAHASSEE . F	L_32303	•
(b)	Registered Agent Solutions Inc		0.4532
	2894 Remington Green Ln.	a Omce suaress:	<u>.</u> c:
	NEW Registered Office Address:		·
	Ste. A		
	Tallahassee F	L	
hange gent vas/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered office and lability company, it is of the limited liability	If the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
isi	Jaclyn Wright	Jaclyn Wright	Authorized Person
	sture of a member or authorized representative of a member		Printed or typed name of signee

notified in writing of this change.

Mackenzie Hibler, Asst, Secretary Signature of Registered Agent