M0400001903

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uresej	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	е)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		11-91
	Office Use Only	TIM



900081287139

11/07/06--01034--006 **25.00

SECTION OF STATE

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the state	s oj 1 ioriaa.			
1. The name of the limite	d liability comp	any is: Kings Avenue, L.L.C.		
2. The mailing address of	f the limited liab	ility company is :		·
1750 S. Brentwood Blvd, St	uite 701, St. Louis	, MO 63144		
5/19/04		M04000	0001903	
	ion in Florido		ument number	
3. Date of filing/registrat	ion in riorida	4. Doce	ament number	
5. The name of the registe Florida Department of		e registered office address a	as shown on the records of	the
	C T Corporation	System		0
		Name		6
	1200 South Pine	e Island Road		9_
		Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	工管
	Plantation, FL 3			U
		City, State and Zip	<u>"</u> 9	
6. The name and address	of the new regist	tered agent and/or office:	THE PROPERTY OF THE PROPERTY O	FILED -7 3M11:32
	NRAI Services, I	nc.	N N	<u> </u>
	2731 Everythye I	Name Park Drive, Suite 4		
		address (P.O. Box NOT acc	centable)	•
	riorida succi	address (1.0. Dox 1101 acc	optavio)	
	Weston	FL 33331		**
		City, State and Zip		
confirmed that after the cl and the business office of liability company, it is he	hange or change. the registered a reby confirmed to disability composite the limited lial		et address of the registered n the case of a Florida limi authorized by an affirmati	office ted ve vote of
Cathi J. Wall, Auth. Represe (Printed or typed name of signee)				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, illereby confirm NRAI Septices. Inc. (Signature of Registered Agent) Sean L. Emerick. Asst. Sec	intment as regisi is of all statutes d accept the obl this document is that the limited	tered agent and agree to act relative to the proper and c igations of my position as re being filed to merely reflect liability company has been ons, P.O. Box 6327, Tallah		agree to v duties, d for in d office change.

INHS18(10/99) FILING FEE: \$25.00

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

48 cm, 47 ccm, 111 and 21111		
1. The name of the limite	ed liability company is:	Kings Avenue, L.L.C.
2. The mailing address of	f the limited liability co	ompany is :
1750 S. Brentwood Blvd, Si	uite 701, St. Louis, MO 6	3144
5/19/04		M0400001903
3. Date of filing/registrat	ion in Florida	4. Document number
5. The name of the register Florida Department of		stered office address as shown on the records of the
•	C T Corporation System	
		Name Road Address State and Zin
	1200 South Pine Island	Road 32 2
		Address
	Plantation, FL 33324	(2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		State and Zip
6. The name and address	of the new registered a	gent and/or office:
	NRAI Services, Inc.	
		Name
	2731 Executive Park Dri	ive, Suite 4
	Florida street address	s (P.O. Box NOT acceptable)
	Weston	FL 33331
	City, S	itate and Zip
confirmed that after the cl and the business office of liability company, it is her	hange or changes are method registered agent with reby confirmed that the definition of the limited liability contains the liabilit	
Cathi J. Wall, Auth. Represe (Printed or typed name of signee)		
Lu Culin	intment as registered as of all statutes relative d accept the obligation his document is being that the limited liabilit	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in filed to merely reflect a change in the registered office by company has been notified in writing of this change.
(Signature of Registered Agent) Sean L. Emerick. Asst. Sec. Divisio	retary on of Corporations, P.	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INH\$18(10/99)