12/14/21, 11:38 AM

Division of Corporations

## Floridar De partificat of State Division of Corporations Electropic filling Covin Special

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:\_\_\_\_\_

TALLAHASSEE, FLORIDA

## LLC REGISTERED AGENT CHANGE KRG ISS, LLC

Certificate of Status	0
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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.

I. No	nne of the limited liability company: KRG ISS, LLC			
2. (a)	No change	(b) No change		
,,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		· ·	mited liability company: POST OFFICE BOX)
	01/18/2005		5000000265	
3.	Date of filing/registration in Florida	4.	Document numb	)¢r
5. (a)	CORPORATION SERVICE COMPANY  Registered Agent and Registered Office shown on the records of the	he Florida De	pt. of State:	
			_	
	Registered Office Address	DDRESS)	<del></del>	202 ნა: ГАЦ
	1201 HAYS STREET	·		
	TALLAHASSEEFL	32301-2525		DEC 14 CHARY HASSE
	C T Corporation System			4.33 4.03 13.14 13.14
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u>v</u> :	FILED 2021 DEC 14 PM 1: 48 SEURLIARY OF STATE ALLAHASSEE, FLORIDA
	NEW Registered Office Address:	·	<del></del>	
	1200 South Pine Island Road			
	Plantation, FL_	33324		
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the register bility comp f the limite limited liab	red office and the busines bany, it is hereby confirm d liability company or as vility company.	es office of the registered and that the change(s) otherwise provided in
	/s/ Ann M. Huit		Ann M. Hult, Authorized Representative  Printed or typed name of signee	
I here provis the ob to mer notifie By: J	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he if in writing of this change. C. T. Corporation System s/ Michele Holden, Assistant Secretary ire of Registered Agent	ee to act in performand I for in Cho ereby conf	this canacity I further t	goree to comply with the