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ACCOUNT NO. : 072100000032 REFERENCE : 022461 5124579 AUTHORIZATION : ORDER DATE: July 23, 2007 ORDER TIME : 12:07 PM ORDER NO. : 022461-025 CUSTOMER NO: 5124579 CHANGE OF AGENT NAME: KPC LAKEVIEW DEVELOPMENT LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX ____ PLAIN STAMPED COPY CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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.

	, oj 1 10. 1 .			
1. The name of the limite	d liability company	is: KPC LAI	KEVIEW DEVELOPA	MENT LLC
2. The mailing address of	the limited liability	company is	:	
1601 Forum Place, Suite 805,	West Palm Beach, FL	33401		
01/21/2005			M05000000331	
3. Date of filing/registration in Florida			4. Document n	umber
5. The name of the registe Florida Department of S		gistered offic	e address as shows	n on the records of the
	Valdes-Fa	uli Corporate Se	ervices, Inc.	
	 -	Name		S(Z) - 1
	777 South P	lagler Drive, St	iite 500, East	PH 3: 16 SEE. FLOR
		Address		ين شير
		Palm Beach, FL		- 05 6
	CI	ty, State and	Zip	A THE
6. The name and address of	of the new registered	d agent and/or	r office:	ア
	Corpor	ation Service Co	mpany	
		Name		
	12	201 Hays Street		
•	Florida street addr	ess (P.O. Box	NOT acceptable)
	Tallahassee	FI.	32301	
,		, State and Z		
	•	-	•	
If the limited liability com- confirmed that after the ch and the business office of liability company, it is her of the members of the lim- or the operating agreement Signature of a member or authority	ange or changes are the registered agent eby confirmed that ited liability compa- t of the limited liabi	e made, the Fl will be ident the change(s) ny or as other lity company	orida street addres ical. Or, in the cas was/were authoriz wise provided in t	s of the registered office
Michael C	larke		_	
(Printed or typed name of signee)	_	_	_	
Michelle	itment as registered of all statutes related accept the obligations of the control of the control of the control of the limited liab	l agent and a tive to the pro ons of my po. og filed to me ility company	gree to act in this of per and complete sition as registered rely reflect a chang has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent) N	lichelle R. Vannoy, Ass	st. Vice Presider	ıt	
Division	of Cornorations.	P.O. Rox 633	27. Taliahassee R	I. 32314

FILING FEE: \$25.00

INHS18 (8/05)