Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (614)280-3338
	Fax Number : (954)208-0845
ar	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**

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Help

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

l. Na	ame of the limited liability company: KRG 951 & 41, L	LC		
2. (a)	No change	(b) _	No change	
(u)	Principal office address of limited frability company: (Note: MUST BE STREET ADDRESS)	_ (,,_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	07/27/2005		05000004160	
š.	Date of filing/registration in Florida	4,	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records of t	he Florida D	ept of State.	
	Registered Office Address (MUSTBE FLORIDA STREET A	2021 DEC 14		
	TALLAHASSFE, FL			
(b)	C T Corporation System	AM 10:		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	0: 17 0: 17	
	NEW Registered Office Address:			
	1200 South Pine Island Road		****	
	Plantation F1.	33324		
the cha agent was w	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registe ability com of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in	
	s/ Ann M. Hult	Ann M	Ann M. Hult, Authorized Representative	
I here provis the ob to mer notific By: [nure of a member or authorized representative of a member thy accept the appointment as registered agent and agrains of all statutes relative to the proper and complete ligations of my position as registered agent as provide refy reflect a change in the registered office address, I is ad in writing of this change. C T Corporation System of Michele Holden, Assistant Secretary	ree to act in performan d for in Ch hereby con	Printed or typed name of signee in this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	