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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | |
|--|--|--|--|--|--|--|--|
| KGM EQUITIES, LLC SUBJECT: | | | | | | | |
| Name of Limited Liability Company | | | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning this m | natter to the following: | | | | | | |
| RITA M JONES | | | | | | | |
| Name of Person | | | | | | | |
| C/O CRESCENT HEIGHTS | | | | | | | |
| Firm/Company | | | | | | | |
| 2200 BISCAYNE BOULEVARD | | | | | | | |
| Address | · · · · · · | | | | | | |
| MIAMI, FLORIDA 33137 | | | | | | | |
| City/State and Zip Code | | | | | | | |
| RJONES@CRESCENTHEIGHTS.COM | | | | | | | |
| E-mail address: (to be used for future annual | report notification) | | | | | | |
| For further information concerning this matter, plo | ease call: | | | | | | |
| DANIEL JANECEK | 305 374-5700 at () | | | | | | |
| 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 am | nount: | | | | | | |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | | | | |
| INHS18 (2/14) | | | | | | | |

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.

| . Na | ime of the limited liability company: KGM EQUITIES | , LLC | | | | |
|----------------------------|---|--|--|--|---|--|
| 2. (a) | 2200 BISCAYNE BOULEVARD | · (| (b) 2200 BISCAYNE BOULEVARD | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ` | | Mailing address of limited liabil (Note: MAY BE POST OFF | | |
| | MIAMI, FLORIDA 33137 | | MIAMI, F | LORIDA 33137 | | |
| | | | M0900000 | 4456 | <u> </u> | |
| . (a) | Date of filing/registration in Florida November 12, 2009 | 4. | | Document number | | |
| . (4) | Registered Agent and Registered Office shown on the records of JONATHAN NEWBERG | the Florid | da Dept. of Stat | te: | | |
| | Registered Office Address (MUST BE FLORIDA STREET) C/O CRESCENT HEIGHTS - 2200 BISCAYNE BOU | | _ | | | |
| | PLANTATION , FE | 33324 | | _ | 7117 | |
| (b) | JONATHAN B NEWBERG | | | | 7.120 OCT -1 | |
| (0) | Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u> | Office a | ddress: | _ | 1_ | |
| | C/O CRESCENT HEIGHTS | | | | === | |
| | NEW Registered Office Address: | | | _ | <u>ب</u> 2 | |
| | 2200 BISCAYNE BOULEVARD | | | _ | 96 | |
| | MIAMI , FI | 33137 | | _ | | |
| hange gent v vas/we | imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of locks of drganization or the operating agreement of the | registe ability of of the li- limited | red office an ompany, it i mited liabili | nd the business office of the is hereby confirmed that the ty company or as otherwise mpany. | e registered e change(s) | |
| Signa | ture of member or authorized representative of a member | | | Printed or typed name of signs | :c | |
| rovisi he obl o meri | by accept the appointment as registered agent and agreement on a complete igations of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I did in writing of this change. | ree to ac perforn d for in hereby c | et in this cap nance of my Chapter 60, confirm that | pacity. I further agree to co duties, and I am familiar w 5. F.S. Or, if this documen the limited liability compa | omply with the with and accep t is being filed ny has been | |
| Signatu | re of Registered Agent | | | | | |

1. . . .