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(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
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(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
ALL AHASSEE FLORIDA

AUG 2 6 2014 T. HAMPTON

COVER LETTER

ì.

TO:	Registration Section Division of Corporations						
SUBJE	KRG Kissimmee Pleasant Hi	II, LLC					
20201		Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the	following:				
Darle	ne Rowland						
	Name of Person		_				
Kite F	Realty Group						
	Firm/Company						
30 Sc	outh Meridian Street, Suite 1100						
	Address						
Indiar	napolis, IN 46204						
	City/State and Zip Code						
	and@kiterealty.com						
Е	:-mail address: (to be used for future annu	al report notif	ication)				
For fur	ther information concerning this matter, p	olease call:					
Darle	ne Rowland	317	713-2753				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.G	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	□ \$3	55 Filing Fee & Certified Copy				
INHS18	8 (2/14)						

30 S. MERIDIAN STREET SUITE 1100 INDIANAPOLIS, IN 46204 317-577-5600 FAX 317-577-5605 www.kiterealty.com

August 25, 2014



Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Amendments to Certificate of Authority to Transact Business in Florida and Change of Registered Office and Agent

To Whom It May Concern:

Please file all of the enclosed Amendments to Certificate of Authority to Transact Business in Florida <u>FIRST</u>, file Change of Registered Office or Registered Agent <u>SECOND</u>. Please return all certified copies to my attention in the enclosed UPS envelope.

Thank you for your prompt assistance regarding this request. Should you have any questions, please feel free to contact me at 317-713-2753 or at drowland@kiterealty.com

Sincerely,

Dallen Roulend

Real Estate Paralegal

dr:/enclosures



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.

1.	Na	me of the limited liability company: KRG Kissimm	ee Pl	ea	sant Hill,	LLC
2. (a	•)	Kite Realty Group		b)	-	
2. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	U	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		30 South Meridian Street, Suite 1100			30 South	Meridian Street, Suite 1100
		Indpls, IN 46204	_		Indpls, II	N 46204
		02/17/2010		P	И100000:	00752
3.		Date of filing/registration in Florida	4.	-		Document number
5. (۵)	CT Corporation System				
٠. ر	a)	Registered Agent and Registered Office shown on the records of the	he Florie	da l	Dept. of State	:
		CT Corporation System				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	32		TAIS 7
		1200 South Pine Island Road				TO PL
		Plantation , FL	33324	1		AUG 26 PH 4: 04
(1	b)	Corporation Service Company				PH 4: 04 SEE FLORID
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	₫d	re#\$:	TA C
		Corporation Service Company				MOA IT
		NEW Registered Office Address:				
		1201 Hays Street			·	
		Tallahasee ,FL	3230	1		
si I he province in the motion	cha nt v /we arti	imited liability company is not organized under the law unge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable and inverse authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member or authorized representative of a member of all statutes relative to the proper and complete of a member of all statutes relative to the proper and complete of a member of all statutes relative to the proper and complete of a member of all statutes relative to the proper and complete of a member of all statutes relative to the proper and complete of a member of all statutes relative to the proper and complete of a member of all statutes relative to the proper and complete of a member of a membe	the regulative of the limited Defect of a perform for ingreby ant V	ct an	ered office npany, it is ted liability ability com iel R. Sin in this capa ince of my a hapter 605 nfirm that	and the business office of the registered thereby confirmed that the change(s) of company or as otherwise provided in apany. k, Executive VP and CFO Printed or typed name of signee active. I further agree to comply with the duties, and I am familiar with and accept of F.S. Or, if this document is being filed the limited liability company has been
-		Division of Corporations • P.O. E FILING F				366, F1 J&J14

INHS18 (2/14)