Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004546523)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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

LLC REGISTERED AGENT CHANGE KRG KISSIMMEE PLEASANT HILL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To: +18505176383

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 submus the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company: KRG Kissimmee	Pleasant Hill, L	LC
. (a)	No change	(b)	change
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/17/2010		000000752
	Date of filing/registration in Florida	4.	Document number
(a)			
(b)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	(DDRESS)	
	TALLAHASSEE, FL	32301-2525	PIL SELVEN ALL MAASSE
	C T Corporation System		ASSER
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	FILED 2821 DEC 14 AM 10: 56 SLANDARY OF STATE FALLAHASSEE FLORIÐA
	NEW Registered Office Address;		
	1200 South Pine Island Road		
	Plantation, FL	33324	
he cha igent v was/w	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	The registered ability compar of the limited I	ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	s/ Ann M. Hull		lult, Authorized Representative
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the obj to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is a composition of this change. C.T. Corporation System of Michele Holden, Assistant Secretary	ree to act in the performance ed for in Chap hereby confirt	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been
	tre of Registered Agent		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00