## M10000002185

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(Re	questor's Name)			
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(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
<b>(</b> —	<b>,</b>	, <b>,</b>		
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(50	ourness rustiber,	•		
Cadilla Carria	0-48-4-	a of Ohahua		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			





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SECREDARY OF STATE
AND ANY OF STATE

AUG 2 7 2014 T. HAMPTON

## COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	KRG Port St. Lucie Square, LLC				
	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.		
Please return	n all correspondence concerning the	s matter to the fol	llowing:		
Darlene R	owland				
	Name of Person		•		
Kite Realt	y Group				
	Firm/Company		-		
30 South I	Meridian Street, Suite 1100				
	Address		-		
Indianapo	lis, IN 46204				
	City/State and Zip Code		-		
	@kiterealty.com		_		
E-mail	address: (to be used for future ann	ual report notifica	ation)		
For further i	nformation concerning this matter,	please call:			
Darlene R	owland	317	713-2753		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building 1 Executive Center Circle ahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314		
Enc	losed is a check for the following	amount:			
☑ \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

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 <a href="mailto:drowland@kiterealty.com">drowland@kiterealty.com</a>

Sincerely,

Darlene Rowland

Poulled

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.

l. Na	me of the limited liability company: KRG Port St.	Lucie Sq	uare, LLC	
	Kite Realty Group	(b) _		
() .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability of (Note: MAY BE POST OFFICE)	
	30 South Meridian Street, Suite 1100	3	30 South Meridian Street, Suite 1	100
	Indpls, IN 46204		ndpls, IN 46204	
	5/13/2010	M	10000002185	
3.	Date of filing/registration in Florida	- <sub>4.</sub> -	Document number	
5. (a)	CT Corporation System			
(u)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:	
	CT Corporation System		- Fo: 5	h P mentum.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		FE.	2 "11
	1200 South Pine Island Road		王的	NIC 26
	Plantation Fig. 1	33324	SSE (SSE	5
(b)	Corporation Service Company		FLO	31
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	FLORIUE	 
	Corporation Service Company		P	
	NEW Registered Office Address:		<del></del>	•
	1201 Hays Street		<del></del>	
	Tallahasee, Fi	L 32301		
ihe cha agent w was/wo	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited large authorized by an affirmative yote of the members cless of organization of the operating agreement of the	of the registe iability com of the limite c limited lial	red office and the business office of the pany, it is hereby confirmed that the cled id liability company or as otherwise pro	e registered nange(s) nvided in
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee	<u> </u>
provisi the obli to ment motified	by accept the appointment as registered agent and agens ons of all statutes relative to the proper and complete igations of my position as registered agent as providing reflect a change in the registered office address, I in writing of this change.  Linda Snorth Assistan	e performan ed for in Ch hereby conj 100K	n this capacity. I further agree to comp ce of my duties, and I am familiar with apter 605, F.S. Or, if this document is firm that the limited liability company	ly with the and accep being filed has been

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