WIIO00002553 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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

| Email | Address: | | | |
|-------|----------|--|--|--|
| | | | | |

LLC REGISTERED AGENT CHANGE KTR SF I LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

11/9/2011

COVER LETTER

| Division of Corporations | | |
|--|---|--|
| SUBJECT: KTR SFILLC | | |
| Name of Lir | nited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Off | ice Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning th | is matter to the following: | |
| Aisha Nyazie | | |
| Name of Person | | |
| | | |
| KTR Capital Partners | | |
| Firm/Company | *·- | |
| , innucongany | Λ | |
| Five Tower Bridge, 300 Barr Harbor Dr., Ste. 150 | | |
| Address | | |
| | | |
| Conshohocken, PA 19428 | <u></u> | |
| City/State and Zip Code | | |
| anyazie@ktrcapital.com | | |
| E-mail address: (to be used for future annual report notic | lication) . | |
| | · | |
| For further information concerning this matter, | please call: | |
| | | |
| | ut () | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| Tallahussee, Florida 32301 | | |
| Enclosed is a check for the following | amount: | |
| □ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | |

INHS18 (5/08)

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

| agent, or both, in the plate of Pitthua. | • | | | |
|--|--|--|--|--|
| 1. Name of the limited liability company: KTR SFILLC | | | | |
| 2. (a) Principal office address of limited liability compa | nny: Five Tower Bridge | | | |
| (Note: MUST BE STREET ADDRESS) | 300 Barr Harbor Dr., Ste. 150 | | | |
| | Conshohocken, PA 19428 | SE I | | |
| (b) Mailing address of limited liability company: | | <u> </u> | | |
| (Note: MAY BE POST OFFICE BOX) | · | | | |
| | | | | |
| 5/9/2010 | M10000002553 | 五三星 | | |
| 3. Date of filing/registration in Florida | 4. Document number | 9: 0 0Ru | | |
| i. (a) Registered Agent and Registered Office shown of | on the records of the Florida I | Dept. of State: | | |
| Registered Agent: | CORPORATION SERVICE (| OMPANY | | |
| Registered Office Address: | 1201 HAYS STREET | | | |
| Togisteled office Hadious. | TALLAHASSEE FL 32301-2525 | | | |
| NEW Registered Agent: | | | | |
| NEW Registered Agent: | C T Corporation System | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1200 South Pine Island Road | | | |
| (MUSI BE PEURIDA STREET ADDRESS) | Plantation | ,F[. <u>_33324</u> | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company. | entical. Or, in the case of a F | lorida limited | | |
| Signature of a member or authorized representative of a member | ····· | | | |
| Steven Zinner | | | | |
| Printed or typed name of signee | t example 6 | | | |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or if this document is being filed to address, I hereby confirm that the limited liability comp | d agree to act in this capacity proper and complete perforn position as registered agent merely reflect a change in the any has been notified in writi | e. I further agree nance of my duties as provided for in e registered office ng of this change | | |
| | • | | | |

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