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(Re	questor's Name)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
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Special Instructions to Filing Officer:					
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AUG 2 6 2014 T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	KRG Lake City Commons, LL	С				
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Office	: Change and fe	e(s) are submitted for filing.			
Please r	return all correspondence concerning this	matter to the fol	llowing:			
Darler	ne Rowland					
	Name of Person		•			
Kite R	ealty Group					
	Firm/Company	- · · · · · · · · · · · · · · · · · · ·	•			
30 So	uth Meridian Street, Suite 1100					
	Address		•			
Indian	apolis, IN 46204					
	City/State and Zip Code		•			
drowla	and@kiterealty.com					
E-	mail address: (to be used for future annua	il report notifica	ition)			
For furt	her information concerning this matter, pl	ease call:				
Darler	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

INHS18 (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,

Darlene Rowland

Rowlled

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 Lake C	ity Co	mn	nons, LL	.U
2. (a)	Kite Realty Group		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	30 South Meridian Street, Suite 1100			30 Sout	th Meridian Street, Suite 1100
	Indpls, IN 46204				IN 46204
	Mapis, 114 40204			iliahia,	114 40204
	06/22/2010		,	M10000	002784
3.	Date of filing/registration in Florida	4.	-		Document number
5. (a)	CT Corporation System				
J. (a)	Registered Agent and Registered Office shown on the records o	the Flor	rida	Dept. of Sta	te:
	CT Corporation System				
	Registered Office Address (MUST BE FLORIDA STREET	ASE 7 mg.			
	1200 South Pine Island Road				LP.
	Plantation , F	L 3332	24		SECNLAHASS
(b)	Corporation Service Company				EFG P
()	Enter name of NEW Registered Agent and/or NEW Registere	d Office	add	ress:	Los Tr. C
	Corporation Service Company				FLORIDA
	NEW Registered Office Address:				
	1201 Hays Street				_
	Tallahasee, F	L_3230	01		_
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the re liability of the e limite	egis y co lim ed l	tered offi mpany, it ited liabil iability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	_			Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provid tely reflect a change in the registered office address, ed in writing of this change.	eree to le perfo led for I hereb	act irmi in C	in this ca ince of m Thapter 60 onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been
X	Wold Sugal Lir	ıda Sı			
Sign	tiple of Registered Agent AS	sistar	ıt V	P	
	Division of Corporations • P.O.	Box 6	327	• Tallah	assee, FL 32314

FILING FEE: \$25.00