## M1000000 4515

(R	Requestor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of \$	Status				
Special Instructions to Filing Officer:						

Office Use Only



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SECRE AND SEE FLORIDA

AUG 2 6 2014 T. HAMPTON

## **COVER LETTER**

TO: Registration Section

Divi	sion of Corporations				
SUBJECT:	KRG Forty Myers Colonial Square, LLC  Name of Limited Liability Company				
SUBJECT.					
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Offi	ice Change and t	ee(s) are submitted for filing.		
Please return	n all correspondence concerning the	is matter to the f	ollowing:		
Darlene R	owland				
	Name of Person		_		
Kite Realty	y Group				
	Firm/Company				
30 South I	Meridian Street, Suite 1100				
	Address -		_		
Indianapo	lis, IN 46204				
	City/State and Zip Code		_		
drowland@	@kiterealty.com				
E-mail	address: (to be used for future ann	ual report notifi	cation)		
For further in	nformation concerning this matter,	please call:			
Darlene R	owland	317	713-2753		
-	Name of Person	(	Area Code & Daytime Telephone Number		
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.O	AILING ADDRESS: distration Section ision of Corporations Box 6327 lahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
<b>2</b> \$	25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy		
INHS18 (2/14	4)				

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,

Alle 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.

1. N	ame of the limited liability company: KRG Fort M	yers Co	olonial Squa	are, LLC			
2. (a)	Kite Realty Group		(b)				
( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Aniling address of limite (Note: MAY BE POS			<u> </u>
	30 South Meridian Street, Suite 1100		30 Souti	n Meridian Stree	t, Suite	1100	
	Indpls, IN 46204		Indpls, II	N 46204			
	10/13/2010		M100000	04515			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	CT Corporation System						
(-,	Registered Agent and Registered Office shown on the records of	f the Flor	da Dept. of State	- 3:	TAI	*	.۲. وجسوب
	CT Corporation System				53	AUG	Î
	Registered Office Address (MUST BE PLORIDA STREET	ADDRE	<u>SS)</u>	•	主門	િ 2	يەدەبىي ئىسىدىن
	1200 South Pine Island Road				SSE.	26	in the second
	Plantation	L_3332	4	-	707	PH	į.
	, , , , , , , , , , , , , , , , , , ,	, r.		-	STATE	<b>4:</b> 2	\$
(b)	Corporation Service Company				20 A	27	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	eddress:	-	゙゙゙゙゙゙゙゙゙		
	Corporation Service Company						
	NEW Registered Office Address:			-			
	1201 Hays Street			_			
	Tallahasee	<sub>L</sub> 3230	1				
the ch agent was/w the ard	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 of the operating agreement of the attree of a member or authorized representative of a member appointment as registered agent and a signs of all statutes relative to the proper and complete	of the re liability s of the l ne limite	gistered office company, it i imited liabilit d liability con aniel R. Sir	e and the business of shereby confirmed by company or as of a pany.  Printed or typed name	office of the that the concerning product of signee	ne regis hange( rovided	stered (s) I in
\$1		ded för i I hereby a Snot stant \		5, F.S. Or, if this do the limited liability	ocument is company	s being has be	filéd en

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