M100000045/6

(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:							

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SECNETARY OF STATE
AND ASSEE FLORID

AUG 2 6 2014 T. HAMPTON

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	KRG Fort Myers Village Walk, LLC					
SOBJECT	Name of Limited Liability Company					
Dear Sir or N	Aadam:					
The enclosed	Registered Agent/Registered Office (hange and fee(s) are submitted	for filing.			
Please return	all correspondence concerning this m	itter to the following:				
Darlene R	owland					
	Name of Person					
Kite Realty	y Group					
	Firm/Company					
30 South M	Meridian Street, Suite 1100					
-	Address					
Indianapol	lis, IN 46204					
	City/State and Zip Code					
	Dkiterealty.com					
E-mail	address: (to be used for future annual	eport notification)				
For further in	nformation concerning this matter, ple	se call:				
Darlene R	owland 2	317 713-2753				
	Name of Person		ime Telephone Number			
Regi Divi Clift 2661	SEET/COURIER ADDRESS: Istration Section Sion of Corporations On Building Executive Center Circle Schabssee, Florida 32301	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	ns			
Encl	losed is a check for the following am	ount:				
2 \$2	25 Filing Fee	☐ \$55 Filing Fee & Certi	fied 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 drowland@kiterealty.com

Sincerely,

Ille Poulled

Darlene Rowland 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 My	ers Vil	lage	Walk, LLC	·
2. (a)	Kite Realty Group		b)		·
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	·-/		hress of limited liability company: IAY BE POST OFFICE BOX)
	30 South Meridian Street, Suite 1100		30	South Meridi	an Street, Suite 1100
	Indpls, IN 46204		Inc	ipis, IN 46204	1
	10/13/2010		M10	0000004516	
3.	Date of filing/registration in Florida	4.		Docume	nt number
5. (a)	CT Corporation System				
J. (4)	Registered Agent and Registered Office shown on the records of	the Flori	ia Depi	. of State:	
	CT Corporation System				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			··	•
	1200 South Pine Island Road				ASE \$
	Plantation , FL	3332	4		ANG CAE CAE
(b)	Corporation Service Company				26 ASSE
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office o	ddress		THE PARTY OF THE P
	Corporation Service Company	_			STATE FLORIDA
	NEW Registered Office Address:	"		<u> </u>	DE 10
	1201 Hays Street				
	Tallahasee , FI	3230	1		
Sign I herroristhe one notific	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the attree of a member or authorized representative of a member eby accept the appointment as registered agent and agriculty of all statutes relative to the proper and complete or a statute of a change in the registered office andress, I all in writinglof this change. Assistature of Registered Agent	the regability of the limited limited Dree to a perfor in hereby	ct in the confir	d office and the my, it is hereby liability compar lity company. R. Sink, Exec Printed o	business office of the registered confirmed that the change(s) my or as otherwise provided in cutive VP and CFO ryped name of signee

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