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 : (614)280-3338 Fax Number : (954)208-0845

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

LLC REGISTERED AGENT CHANGE KRG LAKE MARY, LLC

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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	ame of the limited liability company: KRG Lake Mary,	LLC	
2. (a)	No change	(b) No	o change
()	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/28/2011		.000001570
١.	Date of filing/registration in Florida	4.	Document number
. (a)	CORPORATION SERVICE COMPANY		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET		
	TALLAHASSEE , FL.	32301-2525	
(b)	C T Corporation System		V
	Enter name of <u>NEW Registered Azent</u> and/or <u>NEW Registered</u>	Office address	Sin 用
	NEW Registered Office Address:		FILE SSEE
	1200 South Pine Island Road		AH 5: FLOR
	Plantation, FL	33324	D: 52 TATE ORIDA
he cha igent v vas-wi	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere ability compa of the limited	ed office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s	J Ann M. Hult	Ann M.	Hult, Authorized Representative
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obj o mer notifie	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I l d'in writing of this change. CT Corporation System	ee to act in t performance d for in Chaj hereby confit	his capacity. I further agree to comply with the e of my duties, and I am jamiliar with and accep- oter 605, F.S. Or, if this document is being filed rm that the limited hability company has been
Signatu	s/ Michele Holden, Assistant Secretary ue of Registered Agent		