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 : (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.

Email Address:

LLC REGISTERED AGENT CHANGE KRG DELRAY BEACH, LLC Certificate of Status 0 Certified Copy 02 Page Count \$25.00 Estimated Charge

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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.

1. Na	ame of the limited hability company: KRG Delray Beau	ch, LLC	
2. (a)	No change	(b) No	change
2. (u)	Principal office address of limited liability company: (Note: MUSTBE STREET ADDRESS)		Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
3,	10/20/2011 Date of filing/registration in Florida	M11 4.	000005271 Document number
(b)	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	112121(1233)	
	TALLAHASSEE, FL	32301	
	C.T. Corporation System		DEC P
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	NEW Registered Office Address:		H 1:40
	1200 South Pine Island Road		——————————————————————————————————————
	Plantation FI.	33324	
the cha agent was w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles 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) Triability company or as otherwise provided in
	s/ Ann M. Huit		Hult, Authorized Representative
Signature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer notitle	by accept the appointment as registered agent and agi- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide els reflect a change in the registered office address, Li ed in writing of this change. CT Corporation System	ree to act in t e performance ed for in Chaj hereby confit	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accep over 605, F.S. Or, if this document is being filed om that the limited liability company has been
	C.T. Corporation System s/ Michele Holden, Assistant Secretary are of Registered Agent		