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(Requestor's Name)					
(Address)					
(Áddress)					
(City	y/State/Zip/Phone	: #)			
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(Bus	siness Entity Nam	ne)			
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AUG 2 6 2014 T. HAMPTON

COVER LETTER

	Division of Corporations					
SUBJE	KRG Orange City Saxon, LL	.c				
20202		e of Limited Lial	pility Company			
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered Offi	ce Change and fe	ee(s) are submitted for filing.			
Please r	eturn all correspondence concerning thi	s matter to the fo	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		_			
	and@kiterealty.com					
E-	mail address: (to be used for future ann	ual report notific	ation)			
For furt	her information concerning this matter,	please 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	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following	nclosed is a check for the following amount:				
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18	(2/14)					

30 5 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,

Melle Rowland

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.

l. Na	me of the limited liability company: KRG Orange	City	Saxon, LLC	•
2. (a)	Kite Realty Group			
. (-)	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	h Meridian Street, Suite 1100
	Indpls, IN 46204	— . —	Indpls, I	N 46204
	05/16/2012		M120000	002735
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CT Corporation System			
J. (u)	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of Sta	 te:
	CT Corporation System			
	Registered Office Address			-
	1200 South Pine Island Road			_
	Plantation	333	24	
				ALL A
(b)	Corporation Service Company			FUNE 26
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	7 26 P
	Corporation Service Company			PM 3: 35 SEE FLORIDA
	NEW Registered Office Address:			SIS 3: A
	1201 Hays Street			- REAL 35
	Tallahasee, FI	323 L	01	
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- rere authorized by an affirmative rote of the members licies of organization of the operating agreement of the	f the r iability of the e limit	egistered office company, it limited liabilited liabilited	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 mey notifie	eby accept the appointment as registered agent and agentions of all statutes relative to the proper and complete ligations of my position as registered agent as provide light of the reflect a change in the registered office address, I writing of this change. Assista	e perjo ed for hereb NOO	rmance of my in Chapter 60 y confirm tha (pacity. I further agree to comply with the o duties, and I am familiar with and accep 15, F.S. Or, if this document is being filed I the limited liability company has been
Signat	ure of Registered Agent			

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

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