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(Re	equestor's Name)						
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ANT ANASSEE FLORIDA

AUG 2 6 2014 T. HAMPTON

COVER LETTER

Division of Corporations	
KRG Miramar Square, LLC	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Darlene Rowland	
Name of Person	
Kite Realty Group	
Firm/Company	
30 South Meridian Street, Suite 1100	
Address	
Indianapolis, IN 46204	
City/State and Zip Code	
drowland@kiterealty.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Darlene 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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	iount:
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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,

Darlene Rowland

Real Estate Paralegal

KATE REALTY GRO

Poulled

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.	Na	me of the limited liability company: KRG Miramar	Squa	re	, LLC				
2. (a)	Kite Realty Group	0	b)					
(-, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	-,	M	lailing address of limite (Note: MAY BE POS		•	·:
		30 South Meridian Street, Suite 1100			30 South	Meridian Street	t, Suite	1100	
		Indpls, IN 46204	-		indpls, IN	N 46204			
		08/06/2012		ļ	M1200000	04415			
3.		Date of filing/registration in Florida	4.	-		Document number			
5. ((a)	CT Corporation System							
.J. ((4)	Registered Agent and Registered Office shown on the records of t	he Floric	da	Dept. of State	:			
		CT Corporation System							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					5 00	_	
		1200 South Pine Island Road					L CO	₽- P-	*258.311
		Plantation	33324	_ 4		•	ECNLIARY OF LLAHASSEE!	AUG (
						•	1.55 1.55	26	n n
((b)	Corporation Service Company					E OF	PH	arts.
`	,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	de	lress:	•	FL(بب	*
		Corporation Service Company					FLORIDA	27	
		NEW Registered Office Address:		_		•			
		1201 Hays Street							
				_					
		Tallahasee , FL	3230	1		-			
the age was	cha nt v s/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li limited	gis co im d l	stered office mpany, it is ited liability iability con	e and the business of s hereby confirmed y company or as of	office of that the herwise p	the regi change provide	stered (s)
	_	sture of a member or authorized representative of a member				Printed or typed name	-		
$ widtherefore \frac{1}{2} = 1$	K	VILLADA LA ASS	ree to a perforing d for in hereby la Sn istant		O11	acity. I further agr duties, and I am fai 5, F.S. Or, if this do the limited Hability	ree to con miliar wi ocument ocumpan	nply wi th and d is being y has b	th the accept g filed een
ST	main	ure of Registered Agent		• '	• •				

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