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Account#: I20000000088

Date: December 28, 2021		A000unt#. 1200000000			
Name: K	EN				
Reference #:	1528618				
Entity Name:	KHP	III MIAMI BEACH LLC			
Articles of Incorp	oration/Authoriz	ation to Transact Business			
Amendment					
✓ Change of Agent		ISSUES? CALL			
Reinstatement					
☐ Conversion		518-213-0738			
Merger					
Dissolution/Witho	drawal				
Fictitious Name					
Other					
Authorized Amount:	\$25	•			
Signature:					

+852.3975.1803



December 28 2021

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: December	20, 2021	
Name:KE	N	
Reference #:	1528618	
Entity Name:	KHP III M	IAMI BEACH LLC
Articles of Incorpo	ration/Authorization	to Transact Business
Amendment		
✓ Change of Agent		ICCLIECS CALL
Reinstatement		ISSUES? CALL KEN:
Conversion		518-213-0738
☐ Merger		
Dissolution/Withda	awal	
Fictitious Name		
Other		
Authorized Amount:	\$25-	
Signature:		

+852.3975.1803

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,

. Na	Name of the limited liability company: KHP III N			IAMI BEACH LLC		
. (ຄ)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) no change		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) no change		
	12/9/2013			M130000077	'27	
	Date of filing/registration in Florida	4.		Document number		
. (a)	CORPORATION SERVICE COM Registered Agent and Registered Office shown on the records of			State:	2021 DEC	
	Registered Office Address (MUST BE FLORIDA STREET	ESS)		图		
	1201 HAYS STREET			~ 	28	
	TALLAHASSEE , FI	L	32301	· · · · · · · · · · · · · · · · · · ·		
(b)	COGENCY GLOBAL INC.			· -		
(17)	Enter name of NEW Registered Agent and/or NEW Registered		address:	-	0	
	115 North Calhoun Street, Su	ite 4				
	NEW Registered Office Address:					
	Tallahassee F	Ī.	32301			

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Michael Carlisle

Signature of Registered Agent

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