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(Requestor's Name) (Address) (Address)	600319768186
(City/State/Zip/Phone #)	10/18/1801036009 **25.00
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COVER LETTER

TO: Registration Section Division of Corporations

KENDALL COURT, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

r.*

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASHLEE VEGA

Name of Person

BEACHWOLD RESIDENTIAL, LLC

Firm/Company

192 LEXINGTON AVENUE, SUITE 901

Address

NEW YORK, NY 10016

City/State and Zip Code

AVEGA@BEACHWOLD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHLEE VEGA	646	354-2114
Name of Person	(Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAI	LING ADDRESS:
Registration Section	Regis	tration Section
Division of Corporations	Divis	ion of Corporations
Clifton Building	P.O. 1	Box 6327
2661 Executive Center Circle	Talla	hassee, Florida 32314
Tallahassee, Florida 32301		
Enclosed is a check for the following a	mount:	
☑ \$25 Filing Fee	🗆 \$55	Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

3

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.

I. Na	me of the limited liability company: KENDALL CC	URT	, LLC	
2. (a)			(b)	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	192 LEXINGTON AVENUE, SUITE 901		192 LE	EXINGTON AVENUE, SUITE 901
	NEW YORK, NY 10016	_	NEW	YORK, NY 10016
	04/20/2015		M1500	0002948
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	The Kammerman Law Group, P.A.			
	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>\$\$)</u>	
	123 NW 13th Street, Suite 312			
	Boca RatonFL	3343	2	S S
(b)	South Oxford Management LLC			TALLAHA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	<u>iddress</u> :	sso z m
	NEW Registered Office Address:			
	3701 Danforth Drive #804			ATE 03
	Jacksonville, FL	3222	4	
the cha agent v was/we the arti Signa I here, provisi the obl	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. I he of in writing of this change.	the rep ability f the li limited <u>G</u>	gistered off company, i mited liabi l liability c ideon Z. l	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Friedman Printed or typed name of signee anacity. I further agree to comply with the

Signature of Registered Agent

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILING FEE: \$25.00