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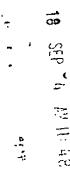
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SEP - 8 2018 S. PRATHER TO: Registration Section

COVER LETTER

Division of Corporations	
SUBJECT: DOC-3602 KYOTO GARDENS E	DRIVE MOB, LLC
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	sange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Tonya Gideon	
Name of Person	
Universal Registered Agents, Inc.	
Firm/Company	
524 S. 2nd St., Suite 505	
Address	
Springfield, IL 62701	
City/State and Zip Code	
info@uragents.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Tonya Gideon	217 501-4283
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 amou	nt:
☑ \$25 Filing Fec	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

Mailing address of firnited liability company: (Nate: MAY BE POST OFFICE BOX) 309 N Water Street Suite 500 Milwaukee, WI 53202 Document number ida Dept. of State:
(Note: MAY BE POST OFFICE BOX) 309 N Water Street Suite 500 Milwaukee, WI 53202 Document number
Suite 500 Milwaukee, WI 53202 Document number
Milwaukee, WI 53202 Document number
Document number
ida Dept, of State:
ida Dept. of State:
ida Dept. of State:
CSI
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SSS)
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<u></u>
address:
auuress:
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he State of Florida, it is hereby confirmed that after gistered office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in d liability company. Ohn T. Thomas, Authorized Signer Printed or typed name of signee act in this capacity. I further agree to comply with the imance of my duties, and I am familiar with and accept a Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
1 1 1 1 1 C

Signature of Registered Agent