M16 000000676

(Requesto	r's Name)			
(Address)				
(Address)				
(City/State	/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	_			
(Duning and	Franklin Marian			
(Business	Entity Name)			
(Documen	t Number)			
Certified Copies	Certificates of Status			
0 111 1 50 00				
Special Instructions to Filing Officer:				
ļ				
	}			





900285286869

07/20/16--01003--001 **25.00

JUL 19 2016 S. YOUNG SECRETARY OF STATE TALLAHASSEE, FLORID

COVER LETTER

Division of Corporations			
SUBJECT: KHP IV KEY LARGO TRS LLC Name of		ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Off	Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the f	following:	
Barbara A. Shreero			
Name of Person			
Goodwin Procter		-	
Firm/Company		_	
Three Embarcadero Center, 24th Floor			
Address	,	_	
San Francisco, CA 94111	•	,	
City/State and Zip Code		_	
bshreero@goodwinprocter.com			
E-mail address: (to be used for future annual	report notifi	cation) .	
For further information concerning this matter, ple	ase call:		
Barbara A. Shreero	415	733-6142	
· 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	ount:		
☑ \$25 Filing Fee	□ \$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.

1. Na	me of the limited liability company: KHP IV KEY L	ARGO	TRS LL	C
2. (a)	KHP IV KEY LARGO TRS LLC	(t	, KHP IV	KEY LARGO TRS LLC
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-	· ———	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	101 California Street, Suite 980		101 Cal	ifornia Street, Suite 980
	San Francisco, CA 94111	_	San Fra	ncisco, CA 94111
	January 26, 2016		M160000	000676
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATE CREATIONS NETWORK, INC	; .		
J. (a)	Registered Agent and Registered Office shown on the records of th	e Florida	a Dept. of Stat	e:
	CORPORATE CREATIONS NETWORK, INC) .		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	Z)	- - 72
	11380 PROSPERITY FARMS ROAD #221E			6 5 6 6 6 7 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9
	PALM BEACH GARDENS , FL	33410		- JANA 19
(b)	Corporation Service Company			PH 12: 09
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	dress:	D::0
	Corporation Service Company			9 05
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee, FL	32301	-2525	_
the cha agent v was/we the art Signa I here provise the object	imited liability company is not organized under the law- inge or changes are made, the Florida street address of to will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liability of a member or authorized representative of a member by accept the appointment as registered agent and agre- ligations of all statutes relative to the proper and complete propertions of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	he reging the line in the line	stered office ompany, it nited liability condith C. Mil	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. es Printed or typed name of signee pacity. I further agree to comply with the

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

Signature of Registered Agent