10000001b

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: December	r 28, 2021		Accounts. 12000000000
Name: K	EN		
Reference #:	1528618		
Entity Name:	KHPI	V KEY LARGO TRS	LLC
Articles of Incorp	oration/Authori	zation to Transact Busines	ss
Amendment			
✓ Change of Agent			ISSUES? CALL
Reinstatement			KEN:
☐ Conversion			518-213-0738
Merger			
Dissolution/Without	drawal		
Fictitious Name			
Other	· · · · · · · · · · · · · · · · · · ·		
Authorized Amount:	\$25	5-	
Signature:			



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

Account#: I20000000088

Date: December 2	28, 2021	ACCOUNT#. 12000000000
Name: KE	N	
Reference #:	1528618	<u></u>
Entity Name:	KHP IV	KEY LARGO TRS LLC
Articles of Incorpor	ation/Authoriza	tion to Transact Business
Amendment		
✓ Change of Agent		ISSUES? CALL
Reinstatement		KEN:
Conversion		518-213-0738
☐ Merger		
Dissolution/Withdra	awal	
Fictitious Name		
Other		
Authorized Amount:	\$25-	
Signature:	 	

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

	une of the limited liability company:		KEY LARGO TRS LLC
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)	
	no change		no change
	1/26/2016	_	M16000000676
	Date of filing/registration in Florida	4.	Document number
(a)	CORPORATION SERVICE COMP	PANY	
(a)	Registered Agent and Registered Office shown on the records of the		of State:
(h)	Registered Office Address 1201 HAYS STREET TALLAHASSEE COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered of NEW Registered Office Address:	32301	2021 DEC 28 M1 8: 32 > \$CRE (25: 42, 25:3)
		32301	
cha int v s/we	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 icles of organization or the operating agreement of the /s/ Judy Miles	the registered bility compar f the limited I	l office and the business office of the registe ny, it is hereby confirmed that the change(s) iability company or as otherwise provided in

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