(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(4-1					
(Document Number)					
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Account#: I20000000088

Date: December 28, 2021			7,000 till#. 120000000000
Name:K	EN		
Reference #:	1528618		
Entity Name:	KH	PIV KEY LARGO L	LC
		zation to Transact Busine	ess
Amendment			
✓ Change of Agent	:		ISSUES? CALL
Reinstatement			KEN:
☐ Conversion			518-213-0738
Merger			
Dissolution/Without	drawal		
Fictitious Name			
Other			, 1840 A
Authorized Amount:	\$25	-	
Signature:			



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

Account#: I20000000088

Date: December	r 28, 2021		A000d118#. 12000000000		
Name:K	EN				
Reference #:					
Entity Name:	KHP	IV KEY LARGO LL	.C		
Articles of Incorp	oration/Authoriza	ition to Transact Busine	ss		
Amendment					
✓ Change of Agent	✓ Change of Agent				
Reinstatement			ISSUES? CALL KEN:		
☐ Conversion			518-213-0738		
Merger					
Dissolution/Witho	drawal				
Fictitious Name					
Other					
Authorized Amount:	\$25-				
Signature;					

ASIA PACIFIC HQ

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

	en e	Κŀ	IP IV KEY LARGO LLC	
	une of the limited liability company:			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) no change	(b)	Mailing address of limite (Note: MAY BE POS no chang	ed liability company: ST OFFICE BOX)
	1/26/2016		M16000000	0687
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CORPORATION SERVICE CO Registered Agent and Registered Office shown on the records	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET 1201 HAYS STREET		2021 DEC	
	TALLAHASSEE	115	301	28 · · · · · · · · · · · · · · · · · · ·
(b)	Enter name of NEW Registered Agent and/or NEW Register		ූ . ප	
	115 North Calhoun Street, S NEW Registered Office Address:		<u>. 9</u>	
	Tallahassee	FL32	301	
the cha agent v was/we	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of the second control of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of the cas	of the regist Hiability con rs of the limit	ered office and the business on npany, it is hereby confirmed ted liability company or as other ted liability company or as other ted of the business of the liability of the ted of the business of the liability of the ted of the business of the business of the ted of the business of the business of the ted of the business of the business of the business of the the business of the bu	office of the registered that the change(s)
	/s/ Judy Miles		Judy Miles	
Signa	ture 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