11/4/2016



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(((H16000273499 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

: (954)208-084\$ Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC REGISTERED AGENT CHANGE KISSIMMEE REALTY GP, LLC

Certificate of Status	0
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## 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. 7	Name of the limited liability company: Kissimmee F	Realty	GP, LLC			
						•
	Principal office address of limited flability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability (Note: MAY BE POST OFFI)		·
	February 1, 2016		M160000	00842	·	
3.	Date of filing/registration in Florida	4.		Document number	t.m.s	<b>∓</b> €0
5. (ε	)			_	(2) (2)	
	Registered Agent and Registered Office shown on the records of NRAI Services, Inc.			e:	1- AO	AHAS
	Registered Office Address MIST BE FLORIDA STREET	ADDRE	<u>(SS)</u>	•		SET SET
	1200 South Pine Island Road					김육대
	Plantation	3332	4	•		25.
		L	· · · · · · ·	•	56	ÊĦ
	Enter name of NEW Registered Agent and/or NEW Registered  CT Corporation System  NEW Registered Office Address:	d Office :	address:	<b>-</b> .		
	1200 South Pine Island Road			~		
	Plantation , FI	3332	4	÷.		
the ch agent was/v	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the re lability of the li alimite	gistered office company, it i imited liabilit d liability con	and the business office of shereby confirmed that the	the regist	ered
· · · · ·	ature of a member of authorized representative of a member	E	ric J. Hade	Diameter and Color		<del></del>
I her provi the ol to me notifi	eby accept the appointment as registered agent and actions of all statules relative to the proper and complete illigations of my position as registered agent as provide rely reflect a change in the registered office address; I among this change.  ANSI O M. C. D. C. Assist	,	nct in this cap manes of my n Chapter 602 confirm that tearer ecretary	Printed or typed name of signee acity. I further agree to co duties, and I am familiar with F.S. Or, if this document the limited liability compar		the cepi iled n
Signal	ure of Heelstered Agent		·			

## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Kissimmee Realty GP, LLC						
	Nam	Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ice Change an	d fee(s) are submitted for filing.				
Please .	return all correspondence concerning thi	s matter to the	c following:				
Rebe	cca Willis						
	Name of Person		<del></del>				
Wayp	oint Residential						
	Firm/Company		<del></del>				
3475	Pledmont Road NE, Suite 1640						
	Address		<del></del>				
Atlant	a, GA 30305						
	City/State and Zip Code						
rwillis	@waypointresidential.com						
E	-mail address: (to be-used for future ann	ual report noti	tication)				
For fur	ther information concerning this matter,	please call:					
Rebed	cca Willis	770	817-5950				
	Name of Person		Area Code & Daytime Telephone Number				
ı	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	IAILING ADDRESS: egistration Section livision of Corporations O. Box 6327 allahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	☐ \$25 Filing Fee	<b>-</b> 5	\$55 Filing Fee & Certified Copy				
INHS18	(2/14)						