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2019 MAR 25 PM 3:34

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KCP Orlando North, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristine Ascanio

\_\_\_\_\_  
Name of Person

Kawa Capital Management, Inc.

\_\_\_\_\_  
Firm/Company

21500 Biscayne Blvd. Suite 700

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip Code

kristine@kawa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tatjana Martin

\_\_\_\_\_  
Name of Person

at ( 305 )

560-5216

\_\_\_\_\_  
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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

**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. Name of the limited liability company: KCP Orlando North, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
21500 Biscayne Blvd. Suite 700  
Aventura, FL 33180

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
21500 Biscayne Blvd. Suite 700  
Aventura, FL 33180

3. 05/18/2017 Date of filing/registration in Florida

4. M17000004256 Document number

5. (a) NRAI SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324

(b) Kawa Capital Management, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180

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CLERK OF THE STATE  
TREASURY  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Daniel Ades  
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.

[Signature]  
Signature of Registered Agent