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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
•	•	,	
(Document Number)			
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May 4, 2018

VIA FEDERAL EXPRESS

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

KME Orchard Naples, LLC

Our File Number: 10575.002

Ladies and Gentlemen:

In reference to the above-captioned matter, please find enclosed the following documents:

- 1. Cover Letter;
- 2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for KME Orchard Naples, LLC; and
- 3. Check made payable to the "Florida Department of State" in the amount of \$25.00 for the payment of the filing fee.

I would appreciate it if you would update your records to reflect the registered agent thange and provide me with confirmation of the same. If you have any questions or require anything further, please do not hesitate to contact me.

Michelle D. O'Neal

Paralegal

/mdo Enclosures

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COVER LETTER

Division of Corporations			
SUBJECT: KME Orchard Naples, LLC			
	of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Michelle D. O'Neal, Paralegal			
Name of Person			
Faggert & Frieden, P.C.			
Firm/Company			
222 Central Park Ave., Suite 1300	·		
Address			
Virginia Beach, VA 23462			
City/State and Zip Code			
		WILL HAY	-17
E-mail address: (to be used for future annua	il report notification)	三三 三	MCRC-27
For further information concerning this matter, pi	icase call:		1
Michelle D. O'Neal, Paralegal	757 424-3232		2 H
Name of Person	Area Code & Daytime Telephone Number	This m	£.,
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	A D 3L EFLORIDA	
Enclosed is a check for the following a	, mount:		
☑ \$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.

Name of the limited liability company: KME Orchs	nard Naples, LLC
a)	(b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
572 Central Drive, Suite 102	572 Central Drive, Suite 102
Virginia Beach, VA 23454	Virginia Beach, VA 23454
June 2, 2017	M17000004762
Date of filing/registration in Florida	4. Document number
a)	
Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
Steven Greenhut	
Registered Office Address (MUST BE FLORIDA STREE)	ET ADDRESS)
841 Prudential Drive, Suite 1400	
Jacksonville	FL 32207
)	
Enter name of NEW Registered Agent and/or NEW Registered	red Office address:
C T Corporation System	7
NEW Registered Office Address:	
1200 South Pine Island Road	
	مسر ا
Plantation	FL_33324
	and the same of th
hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited	
all Mill	Ronald M. Kramer, Manager
	Printed or typed name of signee agree to act in this capacity. I further agree to comply with the ele performance of my duties, and I am familiar with and accided for in Chapter 605, F.S. Or, if this document is being fill, I hereby confirm that the limited liability company has been
entalle Rufen-Blanchette sture of Registered Agent	
Chantalle Rufen-Blanchette,	
	D. Box 6327+ Tallahassee, FL 32314 G FEE: \$25.00

INHS18 (2/14)