(Requestor's Name)						
(Address)						
(Address)						
(1.00.000)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNIE						
J. HORNE JUL 10 2023						
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Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 857673 7813124 AUTHORIZATION : COST LIMIT : ORDER DATE : July 6, 2023 ORDER TIME : 1:35 PM ORDER NO. : 857673-001 CUSTOMER NO: 7813124 CHANGE OF AGENT NAME: KENSINGTON FINANCIAL ASSOCIATES FUND I, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

## 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. N	ame of the limited liability company: KENSINGTON	FINANCI	AL ASSOC	CIATES FUND I	, LLC
2 (a)		(h	o)		
- (-,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  2980 NE 207 ST, SUITE 802		
	2980 NE 207 ST, SUITE 802				
	AVENTURA, FL 33180		AVENTL	JRA, FL 33180	
	12/11/2017		M170000	)10454	
3.	Date of filing/registration in Florida	4.		Document nur	mber
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of Sta	<del></del> ite;	
	REGISTERED AGENTS INC.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<del></del>	_	
	7901 4TH STREET NORTH SUITE 300		_		2 TAL
	ST.PETERSBURG	22702		_	923, ECR .LA
	F	L_33702		_ <del>_</del>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	
			<u></u>		
	Corporation Service Company				)
	NEW Registered Office Address:			<del></del>	45
	1201 Hays Street				ØA
				_	
	Tallahassee	32301			
		~ <u></u>		_	
change agent was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere iability co of the lim	d office ar mpany, it i ited liabili	nd the business o is hereby confin ty company or a	office of the registered med that the change(s)
	Teddy Heichman		•	nan Authorized	Signer
	ture of a member or authorized representative of a member			Printed or typed	name of signee
provis. the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	e performa	ince of my hapter 602 infirm that	duties, and I an 5, F.S. Or, if the the limited liab	n familiar with and accept is document is being filed ility company has been
	nace Cotuble		Grace I	E. Kirby, Asst. \	Vice President
angnait	ire of Registered Agent				