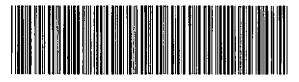
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(Requestor's Name)					
(Regarder & Name)					
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(Address)					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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2021 DEC 28 #3 0: 34

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

Account#: I20000000088

Date: December 28	Account#. 12000000000	
Name:KEN		
Reference #:15	528618	
Entity Name:	KHP IV KEY V	WEST TRS LLC
Articles of Incorporat	ion/Authorization to Tr	ransact Business
Amendment		
✓ Change of Agent		ISSUES? CALL
Reinstatement		KEN:
Conversion		518-213-0738
Merger		
Dissolution/Withdraw	<i>r</i> al	
Fictitious Name		
Other		
Authorized Amount:	\$25-	
Signature.		



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

Account#: I20000000088

Date: December	December 28, 2021		,	ACCOUNTY: 120000000000		
Name:K	EN					
Reference #:						
Entity Name:	KH	P IV KEY WES	T TRS L	LC		
Articles of Incorp	oration/Autho	orization to Transac	ct Busines	S		
Amendment						
✓ Change of Agent	t		1	ISSUESS CALL		
Reinstatement]	ISSUES? CALL KEN:		
Conversion				518-213-0738		
☐ Merger						
Dissolution/With	drawal					
Fictitious Name						
Other						
Authorized Amount	: \$	25-				
Signature:						

+852.3975.1803

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 Elizabeth

I. Na	me of the limited liability company:	KHP IV	KEY WEST TRS LLC		
2. (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)		
	no change	<u> </u>	no change		
	6/25/2018		M18000005936		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CORPORATION SERVICE COM	PANY			
	Registered Agent and Registered Office shown on the records of t	he Florida Dept.	of State:		
			20		
	Registered Office Address (MUST BE FLORIDA STREET)	2021 DEC			
	1201 HAYS STREET				
	TALLAHASSEE, FL	32301	28		
	COGENCY GLOBAL INC.				
(b)	Enter name of NEW Registered Agent and/or NEW Registered	<u></u> . පු			
	115 North Calhoun Street, Suit	12 -			
	NEW Registered Office Address:				
	Tallahassee FL	32301			
the cha agent v was/wa	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of organization or the operating agreement of the	vs of the State the registered ability compain of the limited l	I office and the business office of the registere ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
	/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