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| (Requestor's Name) |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Julas 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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| | ACCOUNT NO. | : I2000000195 |
|--------------|---------------|------------------|
| | REFERENCE | : 702709 7972777 |
| | AUTHORIZATION | |
| | COST LIMIT | Spiels Ble no an |
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| ORDER DATE : | May 23, 2022 | |
| ORDÉR TIME : | 10:41 AM | |
| ORDER NO. : | 702709-365 | |
| CUSTOMER NO: | 7972777 | |

CHANGE OF AGENT

NAME: RRE KENSINGTON HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

RRE Kensington Holdings, 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:

Name of Person

RRE Kensington Holdings, LLC

Firm/Company

233 S. Wacker Drive, Suite 4700

Address

Chicago, IL 60606

City/State and Zip Code

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

____ at (_____

For further information concerning this matter, please call:

Name of Person

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Area Code & Daytime Telephone Number

Street Address:

_) __

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

| (a) | | | (b) | | |
|-----|--|----------------------------|--------------------|----------------|--|
| | Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | ny: | | - | ress of limited liability company AY BE POST OFFICE BOX |
| | 233 S. Wacker Drive, Suite 4700 | | 233 | S. Wacker Driv | |
| | Chicago, IL 60606 | | Chic | cago, IL 60606 | |
| | 8/15/2018 | | M180 | 00007582 | |
| | Date of filing/registration in Florida | 4. | | Documer | it number |
| (a) | C T CORPORATION SYSTEM | | | | |
| | Registered Agent and Registered Office shown on the rec | orus or me r to | rida Dept. (| of State: | |
| | 1200 SOUTH PINE ISLAND RD | | | of State: | |
| | | | | of State: | 2022 H |
| | 1200 SOUTH PINE ISLAND RD | REET ADDR | ESS) | of State: | 2022 HAY 21 |
| (b) | 1200 SOUTH PINE ISLAND RD Registered Office Address <u>(MUST BE FLORIDA ST</u> PLANTATION | <u>REET ADDR</u> , FL33 | <u>ESS)</u> 324 | of State: | 2022 HAY 24 AH |
| (b) | 1200 SOUTH PINE ISLAND RD Registered Office Address (MUST BE FLORIDA ST | <u>REET ADDR</u> , FL33 | <u>ESS)</u> 324 | of State: | |
| (b) | 1200 SOUTH PINE ISLAND RD Registered Office Address <u>(MUST BE FLORIDA ST</u> PLANTATION | <u>REET ADDR</u> | <u>ESS)</u> 324 | of State: | 2022 HAY 24 AH 9: 14 SEAL AND 24 AH 9: 14 TALLAN ISSEE, FL |
| (b) | 1200 SOUTH PINE ISLAND RD Registered Office Address (MUST BE FLORIDA ST PLANTATION Enter name of NEW Registered Agent and/or NEW Registered Agent | <u>REET ADDR</u> | <u>ESS)</u> 324 | of State: | |
| (b) | 1200 SOUTH PINE ISLAND RD Registered Office Address (MUST BE FLORIDA ST PLANTATION Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u> Corporation Service Company | <u>REET ADDR</u> | <u>ESS)</u> 324 | of State: | |

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.

| the article of organization of the operating agreement of the number of company. | | | | | |
|---|--|--|--|--|--|
| and the | Anna Stokes | | | | |
| Signature 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 a provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. I here notified in writing of this change. | formance of my duties, and I am familiar with and accept | | | | |

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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