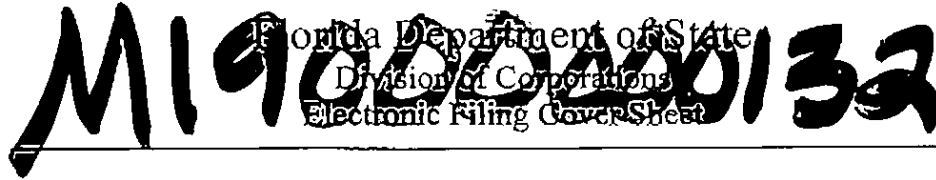


Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000017776 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
KRI WHISPERING OAKS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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JAN 17 2020

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Corporate Filing Menu

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H200000177763
COVER LETTERTO: Registration Section
Division of CorporationsSUBJECT: KRI Whispering Oaks, 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:

Nicole Acosta

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway Suite 5005

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

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

For further information concerning this matter, please call:

Nicole Acosta for InCorp Services, Inc. 702-866-2500 Ext. 6925

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**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

H200000177763

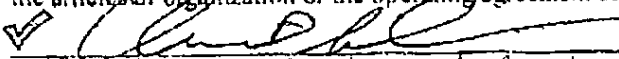
H200000177763

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: KRI Whispering Oaks, LLC
2. (a) 9821 Olde Eight Road, Suite F
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Northfield Center, OH 44067
- (b) 9821 Olde Eight Road, Suite F
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Northfield Center, OH 44067
3. 01/04/2019
Date of filing/registration in Florida
4. M19000000132
Document number
5. (a) KRI PROPERTIES FLORIDA, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
KRI PROPERTIES FLORIDA, LLC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
3001 N. Rocky Point Drive East, Suite 200
Tampa, FL 33607
- (b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
17888 67th Court North
NEW Registered Office Address:
Loxahatchee, FL 33470


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 of a member or authorized representative of a member

Kenneth A. Gee

Printed or typed name of signer

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 of Registered Agent

Nicole Acosta on behalf of InCorp Services, Inc.

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

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FILED
2020 JAN 16 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FL