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(((H22000251872 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

0

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Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866-2500

Fax Number

: (702)900-2290

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

Email Address: Managed Peports @incorp

LLC REGISTERED AGENT CHANGE KRI CROSSING AT 2600, LLC

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: KRI (KRI Crossing at 2600, 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 m	atter to the following:			
Jackie DeFilippis				
Name of Person				
InCorp Services, Inc.				
Firm/Company				
3773 Howard Hughes Pkwy. · Suite 5	500\$			
Address				
Las Vegas, NV 89169-6014	-			
City/State and Zip Code				
ManagedReports@incorp.com				
E-mail address: (to be used for future annual)	eport notification)			
For further information concerning this matter, plea	ise call:			
Jackie DeFilippis for InCorp Services, Inc.	800-246-2677			
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 amo	ount:			
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

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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.

Na	me of the limited liability company: KKI Crossing	at 2600, LLC	
(a)	9821 Olde Eight Road STE F	(b) 9821 O	ide Eight Road STE F
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	() <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Northfield, OH 44067	Northfiel —	ld, OH 44067
	10/13/2021	M210000	013769
	Date of filing/registration in Florida	4.	Document number
(a)	SCHMIDT, JAMES		
•	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	ate:
	2904 W BAY TO BAY BLVD		
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)	_
	TAMPA , FL	33629	2022
b)	InCorp Services, Inc.		2022 JUL 2
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- 6 m
	17888 67th Court North		PH 5:
	NEW Registered Office Address:		27
	Loxahatchee	33470	_
char	Loxahatchee, FL mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia	the registered office	ce and the business office of the register
s/we	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the limited liabili limited liability co	ty company or as otherwise provided in mpany.
	ure of a member or authorized representative of a member	Kenneth A. G	Printed or typed name of signee
~	y accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have	ee to act in this cap performance of my lifer in Chapter 60	

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