Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE TURNER GROVES MANAGEMENT, L.L.C.

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Corporate Filing Menu

F. HAMPTON DEC. YSPECIO

12/28/2010

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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 608.416 or 608.508, 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: TURNER GR	OVES MANAGEMENT, L.L.C.
2. (a) Principal office address of limited liability compar	
(Note: MUST BE STREET ADDRESS)	Houston, Texas 77056
(b) Mailing address of limited liability company:	Three Riverway, Suite 1600
(Note: MAY BE POST OFFICE BOX)	Houston, Texas 77056
12/17/1998	M98000001527
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept, of State:
Registered Agent:	CHOMA, RICHARD VP/CAO
Registered Office Address:	4210 METRO PARKWAY SUITE 250 FORT MYERS FL 33916 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address: [MUST BE FLORIDA STREET ADDRESS]	1200 South Pine Island Road,
	Plantation ,FL33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or amhorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
William Gardiner, Manager of KR Florida Operations, LLC, Ma	mager 200
Printed or typed name of signee I hereby accent the appointment as registered agent and a	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my pa Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	oper and complete performance of my divises. So sition as registered agent as provided fer in strength of the control of the c
Mall Signature of registered Agent Williams, AVP, CT Corporation Sy	stem

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

INHS18 (05/08)