(Requestor's Name)				
(Address)	000186648960			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	10/14/1001004001 **2310.00			
(Business Entity Name)				
(Document Number)	·			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	WALLY AND OCT IT			
	M_{c}			

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COVER LETTER

TO: Amen Divisi	dment Section on of Corporations		
SUBJECT:_	Kelly Greens Commu	unity Association of Corporation	IV, Inc.
DOCUMENT	NUMBER:	N31649	
The enclosed S	Statement of Change of Registered	Office/Agent and fee ar	e submitted for filing.
Please return a	all correspondence concerning this	natter to the following:	
		chael Yelton of Contact Person	
	Name (or Contact Person	
	Ве	nson's, Inc.	
	Fir	rm/Company	
	12650	Whitehall Drive	
-		Address	
	Fort M	yers, FL 33907 ate and Zip Code	
	City/St	ate and Zip Code	
	dracine@	bensonsinc.com	
	E-mail address: (to be used	for future annual repo	ort notification)
For further inf	ormation concerning this matter, pl	ease call:	
rot further im	ormation concerning this matter, pr	case carr.	
	Dianne Racine	at (239	277-0718 & Daytime Telephone Number
	Name of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a S	\$35.00 check made payable to the E	Department of State.	
	Mailing Address: Amendment Section	Amend	Address: ment Section
Division of Corporations			on of Corporations
	P.O. Box 6327		Building
	Tallahassee, FL 32314		xecutive Center Circle

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Flor ed under the laws of the State d agent, or both, in the State	of Florida	
1. The name of	the corporation: Kelly	Greens Comi	munity Association I	V, Inc.	
2. The principal	office address: C/O Be	nson's, Inc., 12	2650 Whitehall Drive		
Fort Myers	s, FL 33907				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification:	4/11/1989	Document number:	N31649	
	d street address of the cur rtment of State: (If resign		nt and registered office on file	e with the	
	Bonita D. Vandall	,			
	12650 Whitehall Di	rive			
	Fort Myers, FL 339	907			
6. The name and (if changed):	street address of the nev	v registered agent (if changed) and /or registered	SECRE ASS	or managery or managery
	12650 Whitehall Di	ive			T
	12000 Winterian Bi	P.O. Box NOT ac	ceptable		
	Fort Myers, FL 339	907			
The street addre	ess of its registered offic be identical.	e and the street ad	dress of the business office	of its registered ag	ent,
Such change wa authorized by th	as authorized by resolutine board, or the corporat	on duly adopted b ion has been notif	y its board of directors or by led in writing of the change.	y an officer so	
X Sugnatur	an L. Bons re of an officer or director	<u>u</u> .	8/24/18	7 and title	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	stered agent and a sions of all statute l accept the obliga t a change in the r of this change.	ogree to act in this capacity, s relative to the proper and tion of my position as regist egistered office address, I h	complete perform tered agent. Or ij ereby confirm thai	ance f this t the
W	ila fettor		8-9-10		
Sign	nature of Registered Agent		Date		
If signing on be	half of an entity:			•	
	Michael Yelton	, 			
T	vned or Printed Name				

* * * FILING FEE: \$35.00 * * *