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C T CORPORATION SYSTE	м			· · · · · · · · · · · · · · · · · · ·
Requestor's Name 660 East Jefferson St	reet			
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Tallahassee, FL 3230)1 (850)222-1092 Phone	900	-12/28/98-h1057	'026
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Florida Department of State, Jim Smith, Secretary of State

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

AGENT, OR BOTH FUR CURPORATIONS
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: KP Property Management Corporation
1a. The hartle of the corporation to
1b. Date of incorporation1/26/96 Document number _p96000 60 664 95
2. The name and address of the current registered agent and office:
Linda M Smith Miami FL 33181
11900 Biscayne Blvd. Suite 100 Sacramento, CA 95833
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Alesandra Hanak-Ass t. Secretary SIGNATURE Alesandra Hanak-Ass t. Secretary (Type or printed name and title)
December 2, 1999 DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY: SIGNATURE BY: SIGNATURE BY: DATE 12/15/99
DATE Tallahassas FI 32314
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00
Filling Fee. 400.00

(FLA - 2194 - 3/4/92)

CR2E045 (7-91)