## 1300003131

(R	Requestor's Name)	<del></del>
(A	Address)	
(A	(ddress)	
(C	City/State/Zip/Phone #)	
( ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(D	Pocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to F	iling Officer:	

Office Use Only



900394517619

2022 SEP 21 AMII: 24

of 9/22/2022

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 9/21/2022	<del></del>	**;	WALK IN**
ENTITY NAME KAD	EAN CONSTRUCTI	ION COMPANY, INC.	
DOCUMENT NUMBE	ER		
	**PLEASE FILE	THE ATTACHED AND RETURN**	
xxxxxxx	Plain Copy		
	Certified Copy Certificate of Status		
	**PLEASE OBTAIN THE	F FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Art		
<del></del>	• ,•	ts & Amendments Complete File (Including Annual Reports)	
	Certificate of Status Certificate of Status	Reflecting:	
	**APOSTILLE'/	/ NOTARIAL CERTIFICATION**	
COUNTRY OF DESTIN NUMBER OF CERTIFIC			
TOTAL OWED \$35.0	00	ACCOUNT # 120160000072 4 : C	)>W
Please call Tina at	the above number for	any issues or concerns. Thank you so much!	/

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: KADEAN CONSTRUCTION COMP. Name of Corporation	
DOCUMENT NUMBER: F13000003131	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
C. Shields	
Name of Contact Person	<del></del>
Harbor Compliance	
Firm/Company	<del></del>
1830 Colonial Village Ln	
Address	
Lancaster, PA 17601	
City/State and Zip Code	<del></del>
professional@harboreomplia	nce.com
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter,	please call:
Harbor Compliance	at (717 ) 431-9037  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Cornerations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation organ	12, 607,1508, or 617,1508, Florida Statute sized under the laws of the State of <u>Misso</u> ered agent, or both, in the State of Florida	uri
<ol> <li>The name of t</li> <li>The principal</li> </ol>	ne corporation: $\frac{\text{KADEAN CONSTRUCT}}{\text{Office address:}}$	ION COMPANY, INC. FENTON, MO 63026	
<ul><li>4. Date of incorp</li><li>5. The name and Florida Depar</li></ul>	street address of the current registered a ment of State: (If resigned, enter resigned LICENSES, ETC., INC.  27911 CROWN LAKE BLVD , SUITE # BONITA SPRINGS, FL 34135  street address of the new registered age	Document number: F13000003131  Igent and registered office on file with the ed)  211	2022 SET 21 / MHT1: 3
	7901 4th St N STE 300 P.O. Bo St. Petersburg FL 33702	x NOT acceptable	<u>3</u>
		address of the business office of its regid by its board of directors or by an office of the change.	
I hereby accept I further agree to of my duties, an document is bei corporation has  Sig	e of an officer or director the appointment as registered agent an	utes relative to the proper and complete igation of my position as registered age we registered office address, I hereby con	performance nt. Or if this ifirm that the
Bill Havre	ped or Printed Name  * * * FILING FI	EE: \$35,00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (43)