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L16 000053138

Division of Corporations

Florida Department of State
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Fax Number : (850)617-6383

From:
Account Name : BARNETT, BOLT, KIRKWOOD, LONG & KOCH, P.A.
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

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Email Address: pauls@petersenmetals.com

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LLC REGISTERED AGENT CHANGE
KOTTE, LLC

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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.

1. Name of the limited liability company: KOTTE, LLC
2. (a) 9410 EDEN AVENUE Principal office address of limited liability company: HUDSON, FL 34667
(b) 9410 EDEN AVENUE Mailing address of limited liability company: HUDSON, FL 34667
3. 03/16/2016 Date of filing/registration in Florida
4. L16000053138 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: MARLOWE MCNABB MACHNIK, P.A. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1560 W CLEVELAND ST TAMPA, FL 33606

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: PAUL SCHOETTELKOTTE NEW Registered Office Address: 9410 EDEN AVENUE HUDSON, FL 34667

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SECRETARY OF STATE
PAUL AHASSELL, FLORIDA
L.C.L.

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member: PAUL SCHOETTELKOTTE Printed or typed name of signer

I hereby accept the appointment as registered 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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