## MIT CCCCC5396

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 27, 2020

Order#: 455905-042

Re: K.D. ANALYTICAL CONSULTING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX\_\_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## ' 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.

ŀ.	Na	me of the limited liability company:  K.D. ANALYTI	CAL CO	NS	SULTING, LLC	
2	(a)			(b)	o)	
	(/ .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		235-G LOG CANOE CIR.			235-G LOG CANOE CIR.	
		STEVENSVILLE, MD 21666			STEVENSVILLE, MD 21666	
		06/26/2017		٨	M17000005396	
3.		Date of filing/registration in Florida	4.	_	Document number	
5	(a)					
٥.	(4)	Registered Agent and Registered Office shown on the records of REGISTERED AGENT SOLUTIONS, INC.	of the Flori	ida I	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET				
		155 OFFICE PLAZA DR. SUITE A				
		TALLAHASSEE	32301			
		TALLAHASSEE , F	L		<del></del>	
	(b)					
	(0)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office	add	dress:	
		Corporation Service Company				
		NEW Registered Office Address:			<u>υ</u> 5	
		1201 Hays Street				
		Tallahassee	L_32301	ì		
ch ag wa	ange ent w is/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the register liability of the limited	ne Serection	State of Florida, it is hereby confirmed that after ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) littled liability company or as otherwise provided in the change of the	ı
Signature of a member or authorized representative of a member					Printed or typed name of signee	
I i pro the to no	herel ovisie obli mere tified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as providely reflect a change in the registered office address, it is writing of this change.	gree to a e perfori led for in I hereby	ect it mar i Ch con	in this canacity. I further garge to comply with	the cept led 1