Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023 : (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for fully annual report mailings. Enter only one email address please.

Email A	.ddress:
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Page 1 of 1

REGISTERED AGENT CHANGE KENNY CONSTRUCTION COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

4. WHITE

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

2/11/2013

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

statement of cha	ange is submitted for a corporation orga		
	-	tered agent, or both, in the State of Florida.	
1. The name of	the corporation: Kenny Construction Com	pany	
2. The principal	office address: 2215 Sanders Road, Suite	400, Northbrook IL 60062	_
3. The mailing a	address (if different):		_
4. Date of incor	poration/qualification: 02/20/69	Document number: 822439	
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	Corporation Service Company	<u> </u>	
	1201 Hays Street, Tallahassuc, FL 32301		
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registered office	
	C T Corporation System	GRE 5	
	c/o C T Corporation System, 1200 South I	Pine Island Road	11
	P.O. Box NO	Taxceptable	7
	Plantation, Florida 33324	TS & C	j
		address of the business office of its registered agent,	
Such change we authorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an officer so officed in writing of the change.	
- KN	Nt Bold	2/7/2013 Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent at to comply with the provisions of all star from this and tag familiar with and	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I in writing of this change.	
By: OCTO	Orpopation System	2/7/2013	
Sig	hardre of Redistered Agent	Date	
If signing on be	ehalf of an entity: James M. Halpin	•	
	Assistant Secretary yped or Printed Name		
	* * * FILING FE	EE: \$35.00 * * *	

FL006 - 10/25/2012 Wolcas Kluwer Galese

CR2E045 (03/12)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314