## F01000003509

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |





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11/28/16--01020--028 \*\*35.00

NOV 3 0 2016

**CLEWIS** 



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: November 22, 2016

Order#: 354693-019

Re: CROSSLAND CONSTRUCTION COMPANY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35...

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: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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 CORPORATIONS

| statement of cha   | nge is submitted for a corporation c  | 7.0502, 607.1508, or 617.1508, Florida Statutes<br>organized under the laws of the State of <mark>KANSA</mark><br>egistered agent, or both, in the State of Florida.                           | AS  |  |
|--|---|--|---|--|
| 1. The name of   | the corporation: CROSSLAND CON  | ISTRUCTION COMPANY OF KANSAS   |   |  |
|  | office address:/E. COLUMBUS KS 66725  |  |   |  |
| 3. The mailing a   | address (if different): P.O. BOX 45, (  | COLUMBUS, KS 66725   |   |  |
| 4. Date of incor   | poration/qualification: 07/02/2001  | Document number: F01000003509  |   |  |
|  | d street address of the current registe<br>rtment of State: (If resigned, enter re                                | ered agent and registered office on file with the signed)  |   |  |
|  | C T CORPORATION SYSTEM  |  |   |  |
|  | 1200 SOUTH PINE ISLAND ROAD   |  |   |  |
|  | PLANTATION  | FL 33324   | IS NO   |  |
| 6. The name and (if changed):  | d street address of the new registered  Corporation Service Company   | agent (if changed) and /or registered office   | NAISION OF CORPORATION 21 2018 NOV 28 AM 10: 21 |  |
|  | 1201 Hays Street  |  | 28  |  |
| P.O. Box NOT acceptable  |   |  |   |  |
|  | Tallahassee   | FL 32301   |   |  |
| The street address changed will  | ess of its registered office and the st   | treet address of the business office of its regist   | ered agent,                                     |  |
|  |   | opted by its board of directors or by an officer on notified in writing of the change.   | so  |  |
| Jill Cilmi, Vice President  Printed or typed name and title                                |   |  |   |  |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th<br>hereby confirm | the appointment as registered ager<br>to comply with the provisions of all<br>my duties, and I am familiar with a | nt and agree to act in this capacity.<br>I statutes relative to the proper and complete<br>and accept the obligation of my position as reg<br>o reflect a change in the registered office addr | gistered<br>ess, I                              |  |
| By:  | mature of Registered Agent  | 11/17/2016   | <del></del>                                     |  |
| If signing on be   | chalf of an entity:   |  |   |  |
| Grace E. Kirby   | , Assistant Vice President  |  |   |  |
| T  | yped or Printed Name  |  |   |  |

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

\* \* \* FILING FEE: \$35.00 \* \* \*