F03000001806

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/2lp/Filone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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DIVISION OF CORPORATIONS



Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc. PO Box 1831 Austin. TX 78767 Phone. 800-345-4647 Fax: 800-432-3622

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

12/15/2008 FLORIDA

REP UNIT:

KELLOGG BROWN & ROOT

regagent@capitolservices com

SERVICES, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #15632 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJE	CCT: KELLOGG BROWN & ROOT SE (Name of Corporation)	RVICES, INC.				
DOCU	MENT NUMBER: <u>F03000001806</u>					
The end	closed Statement of Change of Registered Office/Agent	and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the fo	ollowing:				
Mura Homor						
Myra Homer (Name of Contact Person)						
Capitol Corporate Services, Inc. (Firm/Company)						
	800 Brazos, Suite 400 (Address)					
	Austin, Texas 78701 (City/State and Zip Code)					
For further information concerning this matter, please call:						
	Myra Homer at ((Name of Contact Person) (A	800) 345-4647 . Area Code & Daytime Telephone Number)				
Enclose	ed is a \$35.00 check made payable to the Department of	State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

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

statement of change is	submitted for a corpora	ion organized under	18, or 617.1508, Florida State the laws of the State of <u>DEI</u> or both, in the State of Flori	_AWARE
1. The name of the corp	poration: KEI	LOGG BROW	<u>IN & ROOT SERVIC</u>	ES, INC.
2. The principal office a	address:			
4100 Clinton Dr., I	Houston, TX 77020		<u></u>	·
3. The mailing address	(if different):		<u> </u>	
4. Date of incorporation	n/qualification: 4/11/20	03 Docu	ment number: F03000001	806
5. The name and street a Florida Department of		gistered agent and re	gistered office on file with th	ne .
<u>CTC</u>	Corporation System			08 Olvisi
1200	South Pine Island Roa	ad	•	BC SEE
Planta	ation, FL 33324	· · · · · · · · · · · · · · · · · · ·		18 P CONTE
6. The name and street a (if changed):	address of the new regist	ered agent (if change	ed) and /or registered office	SECRETARY OF STATIONS ON DEC 18 PM 4: 16
<u>CAPI</u>	TOL CORPORATE S	ERVICES, INC.		
<u>155 C</u>	FFICE PLZ DR STE			
		l'acceptable)		
···	AHASSEE		32301	
The street address of its as changed will be iden	s registered office and t tical.	he street address of	the business office of its reg	gistered agent,
Such change was authon authorized by the board	rized by resolution dul , or the corporation ha	y adopted by its boa s been notified in w	ard of directors or by an officiting of the change.	cer so
Marmene A. H.	MacLity	_ Charmo	ane R. Wattey Ms. (Printed or typed name and title)	5T. Sec.
I hereby accept the app I further agree to comp of my duties, and I am I document is being filed corporation has been n	ointment as resistered ly with the provisions of amiliar with and accep merely to reflect a cha otified in writing of thi	agent and agree to of all statutes relativ of the obligation of n nge in the registered of change.	act in this capacity, e to the proper and complet ny position as registered ag d office address, I hereby co	'e performance ent. Or, if this onfirm that the
Ollanie	Case		12-8-08	
(Signature of	Registered Agent)		(Date)	
f signing on behalf of a	an entity:			
Delanie Case, Asst. Secreta		orate Services, Inc.		
(Typed or Pr	inted Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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