## F03000 002 825

/P <sub>e</sub>	questor's Name)	<u>-</u>
(ive	equestors Name)	
(Ad	ldress)	
`	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
<del></del>		
Special Instructions to	Filing Officer:	

Office Use Only



600334946206

10/07/19--01011--024 \*\*35.00

2019 OCT -7 PH 3: 36

C. GOLDEN 0CT 2 5 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: October 3, 2019

Order#: 916410-003

Re: KENTUCKIANA COMFORT CENTER, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Ashley Seeman 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 CORPORATIONS

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Stat on organized under the laws of the State of K or registered agent, or both, in the State of Flor	۲ 	
1. The name of	the corporation: KENTUCKIANA	COMFORT CENTER, INC.		
	l office address: 2716 Grassland D			
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification: 06/05/200	3 Document number: F030000028	825	
	d street address of the current registrement of State: (If resigned, enter	stered agent and registered office on tile with to resigned)	the	
	CT CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324  Plantation, FL 33324  ame and street address of the new registered agent (if changed) and (or registered office)			
6. The name an (if changed):	•	red agent (if changed) and /or registered office	7.D	
	Corporation Service Company		36	
	1201 Hays Street	Box NOT acceptable		
	Tallahassee	FL 32301		
The street addr	ress of its registered office and the I be identical.	e street address of the business office of its re	gistered agent,	
Such change wauthorized by t	ras authorized by resolution duly $\epsilon$ he board, or the corporation has b	adopted by its board of directors or by an officeen notified in writing of the change.	cer so	
Que 8 00mi		Jill Cilmi, Vice President		
Signature of air officer of director		Printed or typed name and title		
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of a f my duties, and I am familiar with		registered	
Dy. 0 (200)	gnature of Registered Agent	10/02/2019		
	chalf of an entity:	17MC		
	. Asst. Vice President	_		
7	Ivned or Printed Name	•		

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