

3/21/2017

2017-03-21 16:34:59 CST

12/12/2023 6:01 From Kimberly Leughtay

Division of Corporations

**F12000002454**

**Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE  
KENTUCKIANA CURB COMPANY, INC.**

Certificate of Status	0
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**V HERRING****MAR 22 2017**

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of KENTUCKY in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KENTUCKIANA CURB COMPANY, INC.
2. The principal office address: 2716 GRASSLAND DRIVE  
LOUISVILLE, KY 40299
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/11/2012 Document number: F12000002454

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

JAN LAPINID, SECRETARY

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System  
By:   
Signature of Registered Agent

3/21/2017

Date

If signing on behalf of an entity:

JENNIFER QUINN, ASST. SECRETARY

Typed or Printed Name

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

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

CR2E045 (03/12)

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