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COVER LETTER:

TO:	Amendment Section Division of Corporations					
SUBJ	K.B.R. OF CALIFORNIA, INC.					
	Name of Corporation					
DOC	F15000005618 JMENT NUMBER:					
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Attn: Bob Keith					
	Name of Contact Person					
K. B. R., INC.						
	Firm/Company					
190 S. Orchard Avenue, Ste. A-200						
	Address					
Vacaville CA 95688						
City/State and Zip Code						
bob.keith@rashcurtis.com						
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
Bob K	Teith 707-454-2000					
	Name of Contact Person at () Area Code & Daytime Telephone Number					
Enclos	sed 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					
	Tallabassaa El 32301					

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation r to change its registered office or	organized under the l	aws of the State of Californ	nia	
	r to change its registered office or the corporation: K.B.R. OF CALIFO	-	oin, in the State of Ftortaa.		
2. The principal	office address: 190 S. Orchard Av	enue Ste. A-200	Vacaville	CA	95688
					····
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 12/21/15	Documen	t number: F15000005618		
	I street address of the current regist tment of State: (If resigned, enter r		red office on file with the		
	INCORP SERVICES INC			2016	1515 1515
	17888 67TH COURT N			2016 SEP 20	일종 목본21
	LOXAHATCHEE, FL 33470				
6. The name and (if changed):	I street address of the new registere	d agent (if changed) a	nd /or registered office	AM IT JE	
	Registered Agent Solutions, Inc.			,	~
155 Office Plaza Dr. Suite A					
	P.O. Bo	ox NOT acceptable	32301		
The street addreas changed will	ess of its registered office and the be identical.	street address of the b	usiness office of its regist	ered ag	gent,
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of en notified in writing	directors or by an officer of the change.	so	
Signatu	Terrence Paff, President Ignature of an office Page Injector Printed or typed name and title				_
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not Agent Solutions, Inc.		oled or typed name and title In this capacity, the proper and complete Ition of my position as reg Ithe registered office addre change,	ristered ess, I	,
By: //11/1/	nature of Registered Agent	9/	Date		
,	half of an entity:		174tt		
T.LOO	ł7.				
	yped or Printed Name				

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