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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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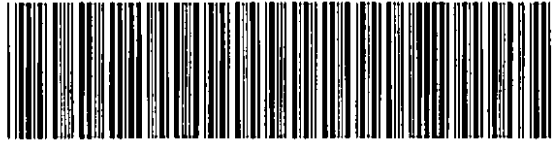
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KENYON INTERNATIONAL EMERGENCY SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F20000001152

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carly Hanna

Name of Contact Person

Dossey & Jones, PLLC

Firm/Company

25025 145 North, Suite 575

Address

The Woodlands, Texas 77380

City/State and Zip Code

carly@dossey.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carly Hanna

at (281) 362-9909
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KENYON INTERNATIONAL EMERGENCY SERVICES, INC.
2. The principal office address: 3706 N. Roosevelt Boulevard, Suite 208
Key West, FL 33040
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/18/2020 Document number: F20000001152
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)

LEGALINC CORPORATE SERVICES, INC.

5237 SUMMERLIN COMMONS BLVD, SUITE 400

FT MYERS, FL 33907

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

ALTA VISTA RESOURCES, LLC

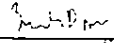
3706 N. ROOSEVELT BOULEVARD, SUITE 208

P.O. Box NOT acceptable

KEY WEST, FL 33040

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

BRANDON D. JONES, DIRECTOR

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.


Signature of Registered Agent

JANUARY 29, 2021

Date

If signing on behalf of an entity:

BRANDON D. JONES, MANAGER

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 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FL

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