(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	0. :	1200000	00195
REFEREN	CE :	434167	8446439
AUTHORIZATIO	ON :	(35)	7
COST LIM	IT :	\$ 35.0	il sera.
ORDER DATE : April 25, 2024	4		
ORDER TIME : 10:24 AM			
ORDER NO. : 434167-091			
CUSTOMER NO: 8446439			
<u>CHANGE OI</u>	F AGEN	${f T}$	
NAME: PERFORMANCE INC	E CONT	RACTING C	GROUP,
PLEASE RETURN THE FOLLOWING	AS PR	OOF OF FI	LING:
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Shauna Godk	oolt		
	EXAMI	NER'S INI	TIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of	the State of KS		
1. The name of t	he corporation: PERFORMANCE CONT	RACTING GROUP, II	NC.		
2. The principal office address: 11145 THOMPSON AVE LENEXA, KS 66219					
3. The mailing a	ddress (if different):				
4. Date of incorporation/qualification: 06/29/2022 Document number: F22000004105					
	street address of the current registered a tment of State: (If resigned, enter resigne		ice on file with the		
	LEGALINC CORPORATE SERVICES	INC.			
	476 RIVERSIDE AVE.				
	JACKSONVILLE	FL 32	202 5 2		
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or	Tana (automotive de la contraction de la contrac		
	Corporation Service Company		00		
	1201 Hays Street		9.		
	PO Box	NOT acceptable	: 29 LIE		
	Tallahassee	FL 32	301		
The street addre as changed will	ss of its registered office and the street be identical.	address of the busines	s office of its registered agent.		
Such change wa authorized by th	s authorized by resolution duly adopted board, or the corporation has been no	l by its board of direct titled in writing of the	ors or by an officer so e change.		
Xiel	LE GONIE	JILL CILMI, VICE PE	RESIDENT		
Signatur	e of an officer or director	Printed or t	yped name and title		
I further agree to of my duties, and document is being corporation has	the appointment as registered agent an o comply with the provisions of all state of I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change. I Service Company	d agree to act in this c ites relative to the pro- gation of my position e registered office add	apacity, oper and complete performance as registered agent. Or, if this tress, I hereby confirm that the		
By: I Ina	re Cokybi	05/07/2024			
	nature of Registered Agent		Date		
If signing on bel	half of an entity:				
	Ped or Printed Name				
·	* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 434167