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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE KNOEBEL CONSTRUCTION, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Knoebel Construction, Inc.

Name of Corporation

F99000000421

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:

Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, please call:	
Mary Castillo	705-7274
Name of Contact Person Area C	ode & 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
T. Habassee FL 22203

Tallahassee, FL 32303

CR2E045 (04/13)

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

	visions of sections 607.050 e is submitted for a corpora			
	o change its registered offic			
1. The name of the	corporation: Knoebe	Construction,	Inc.	
2. The principal of	fice address: <u>18333 V</u>	VINGS CORPO	RATE DR	IVE
CHESTE	RFIELD, MO 6	3005		
3. The mailing add				
4. Date of incorpor	ation/qualification: 1/21	/1999 Documen	t number: <u>F99(</u>	000000421
	reet address of the current r ent of State: (If resigned, er		red office on file v	vith the
_(COGENCY C	SLOBAL INC		_
1	15 NORTH CALHOUN	ST. SUI	ΤΕ 4	
Т.	ALLAHASSEE	FL	32301	
(if changed):	reet address of the new regined Registered Ager		2	effice 24 JUN 1
2	894 Remington G		\	
	allahassee	P.O. Box NOT acceptable FL 323	08	- 994 - 1984 - 1984
The street address as changed will be	of its registered office and identical.	the street address of the b	usiness office of	its registered Rent,
Such change was a authorized by the b	uthorized by resolution du ward, or the corporation ha	ly adopted by its board of as been notified in writing	directors or by ar of the change.	n officer so
181 Matthew R Signature of	Mabie an officer or director	Matthew	R Mabie	President
I further agree to c of my duties, and I document is being	appointment as registered omply with the provisions am familiar with and acce filed merely to reflect a ch en notified in writing of th	of all statutes relative to t pt the obligation of my po ange in the registered offi	he proper and co.	mplete performance ed agent. Or, if this by confirm that the
Many	عنطنا	06/21/2	024	
Signatu	re of Registered Agent		Date	
If signing on behal	f of an entity:			
Mackenzie Hibler, A	*			
Lyped	or Printed Name * * * FI	LING 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)