101000007501

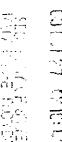
•		
(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
·		
! 		

Office Use Only



000023755740

10/27/03--01065--018 **25.00



LOI-1501

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: KBR INVESTMENTS, LLC (Name of corporation)		 . ::
DOCUMENT NUMBER: LOI 00000 7501		جم بوند و ب
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:		
WILLIAM M. HARDMAN, JR. (Name of person)		
KBR INVESTMENTS LLC (Name of firm/company)		
135 W. YALE ST. (Address)	30 EB	 1 1
ORIANDO FL 32804 (City/state and zip code)	127 1310:43	
For further information concerning this matter, please call:	. 3m	J.
BILL HARDMAN at (407) 418-5006 (Area code & daytime telephone number)	C: 43	
Enclosed is a \$35.00 check made payable to the Department of State.		

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability company is: KBR Investments, L.L.C.
2. The mailing address of the limited liability company is: 735 West Yale Street,
Orlando, FL 32804
5-11-01 101000007501 101000007501
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name
B+C Corporate Services of Central Florida, Inc. Name 390 N. Orange Avenue, Suite 1100 Address
Pada Coo
6. The name and address of the new registered agent and/or office:
Orlando FL 32801 City, State and Zip 6. The name and address of the new registered agent and/or office: WILLIAM M. HAROMAN, JR. Name 135 W. YALE STREET Florida street address (P.O. Box NOT acceptable)
ORLANDO, FL 32804 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
W. M. HAROMAN, JR. (Printed or typed name of signee)
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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INH\$18(10/99)

FILING FEE: \$25.00