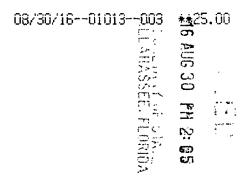
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(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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AUG 3 1 2016 Y SULKER

COVER LETTER

Division of Corporations					
SUBJECT: KALEB BLAKE COMPANY, L	LC				
 	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and fee	e(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the foll	lowing:			
NICOLAS SIHA					
Name of Person					
USA - REGISTERED AGENT					
Firm/Company					
17350 STATE HIGHWAY 249, SUITE	220				
Address					
HOUSTON, TEXAS 77064					
City/State and Zip Code					
SUPPORT@LEGALINC.COM					
E-mail address: (to be used for future annua	al report notifica	tion)			
For further information concerning this matter, p	lease call:				
NICOLAS SIHA	713	478 - 1040			
Name of Person	- \ <u></u>	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
■ \$25 Filing Fee	□ \$55 I	Filing Fee & Certified Copy			
INHS18 (2/14)					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: KALEB BLAKE	COM	PANY, LLC	
2. (a)	4417 SUMMER HILL PLACE	_ (b)	1709 GORNTO ROAD	
- (a)	<u>.</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		VALDOSOTA, GA 31602		A-308	
	-		-	VALDOSOTA, GA 31601	
		02/01/2007		L07000012231	
3.		Date of filing/registration in Florida	4.	Document number	
.	(a)	BUSINESS FILINGS INCORPORATERANT			
5.	(a)	Registered Agent and Registered Office shown on the records of the	ext Florida	Dept. of State:	
		1200 SOUTH PINE ISLAND ROAD			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
				<i>.</i>	
		PLANTATION , FL_	333	76 AUG 30	
((b)	LEGALINC CORPORATE SERVICES INC.		\$50 \\ \frac{1}{120} \\	
Ì	. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	Iress:	
		5237 SUMMERLIN COMMONS		ORIO,	
		NEW Registered Office Address:			
		SUITE 400			
		FORT MYERO	200	007	
		FORT MYERS FL_	33	907	
the age was	cha nt v	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab tree authorized by an affirmative vote of the members of cles of organization on the operating agreement of the limited liab tree.	ne regist ility cou the limi	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	
Si	gna	ture of a member or authorized representative of a member		Printed or typed name of signee	
I he protect the notion	erei visi obl nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigations of my position as registered agent as provided judgments of the change in the registered office address, I he is in writing of this change.	e to act erforma for in C reby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been	
Sign	natu	re of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00