

Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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LLC REGISTERED AGEN® CHANGE KALLBERG INDUSTRIES, LLC

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APR 4 2018

Electronic Filing Menu

Corporate Filing Menu

Help

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. 1	Nan	ne b	of the limited liability company: Kallberg Indus	1. Name of the limited liability company: Kallberg Industries, LCC								
2. (a	, 3	33	0 SW 3rd Avenue		 h)	·708 SE	15th Street					
("	·/ <u>-</u> -		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(υ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	_	Uh	nit 9			Unit 3						
		F	ORT LAUDERDALE, FL 33315	_		FORT	LAUDERDALE, FL 33316					
	(07	10/2013		L	.13000(097599					
3.	-	1	Date of filing/registration in Florida	4.	_		Document number					
5. (a	a)	Ar	drea H. Kallberg									
(-		Reg	stered Agent and Registered Office shown on the records of the	he Florid	la I	Copt. of St	ate:					
		33	50 SW 3rd Avenue									
	•	Reg	stered Office Address (MUST BE FLORIDA STREET A	DDRES	(2)	· · · · · · · · · · · · · · · · · · · 						
	_	바	nit 9			Xi-	_ TØ 78					
		F	RT LAUDERDALE , FL.	33315	5		一					
(b) (Ca	porate Creations Network Inc.				10000000000000000000000000000000000000					
•		Ente	name of NEW Registered Agent and/or NEW Registered	Office 20	dd:	F=18:						
		1	380 Prosperity Farms Rd. #221E			 .	FILED AR -3 M D. 11 AR -3 M D. 11 ARAGSTE, FLORIDA					
		NE	V Registered Office Address:									
	,	Pa	lm Beach Gardens , FL_	3341	0		_					
the cl ageni was/	han Lwi wer	ige ill t re a	d liability company is not organized under the law or changes are made, the Florida street address of e identical. Or, in the case of a Florida limited lia athorized by an affirmative vote of the members of pf organization or the operating agreement of the l	the reg bility c t the lir limited	ist o: nii li:	ered offi npany, it ted liabil ability co	cc and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.					
\angle	-] 6	U	idra Kasicot	Att	to	rney-in-						
-			a member or authorized representative of a member			Swelde	Printed or typed name of signee					
provi the o to me notif	reovisio Elic erel Ma	y ac ins gati ly re in	cept the appointment as registered agent and agre fall statules relative to the proper and complete p pns of my position as registered agent as provided flect a change in the registered office address, I h priting of this change.	ee to ac perform I for in sereby c	na. Ci	ni this ca noe of nr hypter 60 garm tha	pactly. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed it the limited liability company has been					
	40	U	idra Kacicot									
			Registered Agent M. Special Secretary									
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.0%												

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