Division of Corporations **Electronic Filing Cover Sheet**

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(((H20000029851 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: URS AGENTS LLC

Account Number : I20150000127

Phone

: (800)567-4397

Fax Number

: (800)567-4398

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

Email Address: brian.brown@brownautogrp.com

LLC REGISTERED AGENT CHANGE KBB VENTURES, LLC

Certificate of Status	0
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Page Count	01
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01/27/2020 10:58 (FAX) P.002/004

1/27/2020 Division of Corporations

Electronic Filing Menu

Corporate Filing Menu

Help

(((H20000029851 3)))

COVER LETTER

TO: Reg Div	istration Section ision of Corporations				
SUBJECT:	KBB VENTURES, LLC				
	N	ame of Limit	ed Liability Company		
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered C	ffice Change	and fco(s) are submitted for filing.		
	all correspondence concerning				
Brian Brow	⁄n				
	Name of Person				
KBB VENT	URES, LLC				
	Firm/Company				
4300 South	n Georgia Street				
	Address				
Amarillo, T	X 79110				
	City/State and Zip Code				
brian.brown	@brownautogrp.com				
E-mail a	ddress: (to be used for future and	nual report no	tification)		
For further inf	ormation concerning this matter	please call:			
Kathy Clark		800 at (_、 567-4397		
	Name of Person		Area Code & Daytime Telephone Number		
STRE	ET/COURIER ADDRESS:	1	MAILING ADDRESS:		
Registr	ation Section	Registration Section			
	n of Corporations Building	Division of Corporations			
	xecutive Center Circle	P.O. Box 6327			
	ssee, Florida 32301	1	allahassee, Florida 32314		
Enclos	ed is a check for the following	amount:			
2 \$2 5	Filing Fee		\$55 Filing Fee & Certified Copy		
NHS18 (2/14)					

(((H20000029851 3)))

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. N	ame of the limited liability company: KBB VENTU	₹ES,	LLC					
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	i	Mailing address of limite (Note: MAY BE POS	d Hability o	ompany:	
	4300 South Georgia Street		43	00 So	uth Georgia Stre	et		
	Amarillo, TX 79110	<u>-</u>	Am	arillo	, TX 79110			
	2/10/2015		L15	00002	29543			
3. 5. (a)	Date of filing/registration in Florida	4.			Document number	SECAL	2020 JAN	
5. (a)	Registered Agent and Registered Office shown on the records of DANIEL E. FERNANDEZ P.A.	he Flori	de Dept.	of State	e:		JAN 27	1
	Registered Office Address QUIST BE FLORIDA STREET A	PORE	<u>821</u>	-	•		1M 9:	
	MIAMI , FL	3315	5		•		: 06	
	Enter name of NEW Registered Agent and/or NEW Registered URS AGENTS, LLC	Utilea	<u>00F933</u> :					
	NEW Registered Office Address:			-				
	3458 LAKESHORE DRIVE							
	TALLAHASSEE , FL	32312	2					
ie chan gent wi /as/wer	mited liability company is not organized under the law age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lia te authorized by an affirmative vote of the members of less of organization or the operating agreement of the l	s of the the reg bility c the lin imited	State Istored Ompan nited li	office y, it is ability y com	and the business of hereby confirmed to company or as othe pany.	fice of the nat the ch	e registe ange(s)	red
-	re of a member or authorized obpresentative of a member				Printed or typed name o	•	•	
hereby rovision e obligation plified	vaccept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided y reflect a change in the registered office address, I have a complete with the property of this change. The property of this change.	e to ac erforn for in ireby c	t in thi. tance o Chapte onfirm	s capa f niv d r 605. that il	city. I further agree uties, and I am fami F.S. Or, if this doc he limited liability c	to comp liar with ument is ompany i	ly with t and acc being fil as been	he epi ed

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