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COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJI	JECT: Card K Field Service Name of Limited Liab	eS UC.
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the fo	Howing:
	hrisannon M. Chance.	_
<u>C</u>	and K Field Services LLC Firm/Company	£
18	309 Drake Ave.	_
Pa	City/State and Zip Code	-
Pay	nd Kfield Services Og Mail. C E-mail address: (to be used for future annual report notifica	Lon (
or fur	irther information concerning this matter, please call:	
<u>Jh</u>	urisannon Chance at (_850)) <u>J38-5171</u> Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

¥ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

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.

L. Na	me of the limited liability company: Card K F	ield	Services	> 4	<u> </u>
2. (a) .	1809 Drake Ave.	, 180	09 Brak	'e Ai	ie.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	Mailing address of lim <i>(Note: MAY BE PC)</i>		•
•	Damen City El	Di	1.000000000000000000000000000000000000	<u> </u>	<u> </u>
	30/105		MINICALIC	/ -	21405
	22405			<u> </u>	5x 700
	04/25/2016	L16	00008024	1	
3.	Date of filing/registration in Florida 4.		Document numbe		
5. (a)	Chrisannon M. Harring	aton	~		
	Registered Agent and Registered Office shown on the records of the Florida	Dept. of Sta	te:		
	1809 Drake Ave.		_		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS	<u>S)</u>			
			_		
	PanamaCity 111 30	2405	- 		
(b)	Chrisannon M. Chance Enter name of NEW Registered Agent and/or NEW Registered Office ad	<u>e</u>	-		:
	1809 Drake Ave		_		· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:				
			_		
	ParamaCity 11.3	240S	2		
change agent w was/we	mited liability company is not organized under the laws of the or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability or re authorized by an affirmative vote of the members of the limited less of organization or the operating agreement of the limited less of organization or the operating agreement of the limited less of organization.	ed office ar impany, it i nited liabili	id the business offices hereby confirmed by company or as o	ce of the l I that the	registered change(s)
	Mayor	Ph	Cisannon	M	anco
Signat	ure of a member or authorized representative of a member		Printed or typed nam		
I hereh provisio the obli to mere	ny accept the appointment as registered agent and agree to act ons of all statutes relative to the proper and complete perform igations of my position as registered agent as provided for in C By reflect a change in the registered office address. Thereby c	in this cap ance of my Thapter 60, ontirm that	ocity. I further ago duties, and I am fa 5, F.S. Or, if this d the limited liability	ree to con miliar wi ocument	nply with the th and accept is being filed y has been

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

notified in wri**yif**g of this change.

Signature of Registered Agent