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Division of Corporations

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LLC REGISTERED AGENT CHANGE KBO TECHNOLOGIES LLC

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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

Florida	KRO Tech	าทดไ	oaies I	LLC	
	ne of the limited liability company: NBO 1001 10755 SCRIPPS POWAY PARKWAY			SCRIPPS POWAY PARKWAY	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	SUITE 527		SUITE 527		
	SAN DIEGO, CA 92131	_	SAN DI	EGO, CA 92131	
	09/20/2017 L170001		195009		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	SUNSHINE CORPORATE FILINGS LLC				
. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3030 N. ROCKY POINT DRIVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		- SEE		
	TAMPA		SSEE.F		
(h)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			- Lorion	
	7901 4th St N				
	NEW Registered Office Address:			_	
	STE 300			<u>-</u>	
	St. Petersburg	3370	2	_	
the cha agent v was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg bility of f the lii limited	istered office company, it mited liabili liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
	ture of a member or authorized representative of a member	Ril	ey Park	Printed or typed name of signee	
I here provisi the obl to mer	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change. Bill Havre - Assistant	perfori 1 for in 1ereby	nance of my Chapter 60 confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15. F.S. Or, if this document is being filed	

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

Signature of Registered Agent