

From:

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#762 P.001/002

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L17000237182**

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To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : COGENCY GLOBAL, INC.  
Account Number : 120000000088  
Phone : (800) 221-0162  
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**LLC REGISTERED AGENT CHANGE  
KILGORE KISSIMMEE 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.

1. Name of the limited liability company: KILGORE KISSIMMEE LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. 11/16/2017 Date of filing/registration in Florida

4. L17000237182 Document number

5. (a) COGENCY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 NORTH CALHOUN STREET  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
STE. 4  
TALLAHASSEE, FL 32301

(b) COGENCY GLOBAL INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4  
NEW Registered Office Address:  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

CARLO GIOVANNI ET AL  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

STEFANIE ALMEIDA ASST. SECRETARY

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