

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email	Address:	
		

LLC REGISTERED AGENT CHANGE PKB CONSTRUCTION, LLC

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T. CLINE AUG 17 20 18 **EXAMINER**

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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.

I. Na	me of the limited liability company: PKB Con	struc	tion, L	LC		
2. (a)	6035 CAPRICE DRIVE	(b) 6035 CAPRICE DRIVE				
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)				
	JACKSONVILLE, FL 32244	JACKSONVILLE, FL 32244				
	01/18/2018	L180000	0016218			
3.	Date of filing/registration in Florida	4.		Document number		
5 (5)	UNITED STATES CORPORATION AGENTS	S, INC.			73	
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept of State	- e:	Siny Bag	
	13302 WINDING OAK COURT,			: -**	65 	
	Registered Office Address		9			
	SUITE A			·.	AH	, t
		33612	2		ું છુ	ξ -
(b)	Registered Agents Inc.			•	9	
(**)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	-		
	3030 N. Rocky Point Dr.					
	NEW Registered Office Address			-		
	STE 150A			-		
	Tampa, FL	33607	7	-		
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill 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 reginability confitted limited l	stered office ompany, it i nited liabilit	e and the business offic s hereby confirmed tha y company or as othery	te of the i	registered nge(s)
Signa	ture of a member or authorized representative of a member	IXIIC	y i dik	Printed or typed name of s	ignee	
I here, provisi the ohl to merc	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I discovering of this change.	perjorm 1 for m (ance of my Chapter 60:	acity. I further agree t duties, and I am famili 5 F.S. Or if this docur	o comply ar with a nent is b	na accept eine filed

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

-President

Bill Havre

Signature of Registered Agent