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Division of Corporations

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From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

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

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OCT 0 9 2019

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. Nai	me of the limited liability company: KRJ Hom	e Insp	pectio	ns LLC		
	1217 CE 22DD TEDDACE		(b) 1317 SE 23RD TERRACE			
2. (a) ₋	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		failing address of limited li- (Note: MAY BE PQST O	ability company:	
	CAPE CORAL, FL 33990		CAPE	CORAL, FL 3399	90	
	10/26/2018	 L	180002	252150		
3.	Date of filing/registration in Florida	- - 4.		Document number		
J,	UNITED STATES CORPORATION AGENTS				2019	
5. (a)	Registered Agent and Registered Office shown on the records of t		Dent. of State	:	000 .	
	13302 WINDING OAK COURT					
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)			œ (**)	
					==	
	<u>A</u>				٠ ٠ ٠ ٠ ٢	
	Tampa	33612			ា ទា	
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address. STE 300	Office addi	. <u>t.v.</u> .			
		33702				
the cha agent v was/wa	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members calles of organization or the operating agreement of the	the regist ability cor of the limit limited lis	ered office npany, it is ted liability ability con	e and the business offices hereby confirmed that y company or as other	ce of the registered at the change(s)	
	ture of a member or authorized representative of a member	Riley	/ Park	Printed or typed name of	signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in yriting of this change. Bill Havre - Assistange of Registered Agent	perjorma ed for in C. hereby co.	nce of my d hapter 605 ufirm that	acity. I further agree duties, and I am famili 5, F.S. Or, if this docu the limited liability co	to comply with the iar with and accept ment is being filed mpany has been	