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| • | (Requestor's Name) | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| , | (Address) | | | | | | | | | |
| | (Address) | | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | | | |
| | PICK-UP WAIT MAIL | | | | | | | | | |
| | (Business Entity Name) | | | | | | | | | |
| (Document Number) | | | | | | | | | | |
| , | Certified Copies Certificates of Status | | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

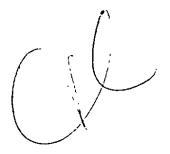
Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | e e | | | | | |
|---------|---|-----------------------------------|---|--|--|--|--|--|
| SUBJ | KJ Energy LLC ECT: | | | | | | | |
| | | Name of Limited Liability Company | | | | | | |
| Dear S | Sir or Madam: | | | | | | | |
| The er | nclosed Registered Agent/Registere | d Office Change an | d fee(s) are submitted for filing. | | | | | |
| Please | return all correspondence concerni | ng this matter to the | e following: | | | | | |
| Cynth | ia Davies | | | | | | | |
| · | Name of Person | | | | | | | |
| Cindy | 's Florida LLC | | | | | | | |
| | Firm/Company | | | | | | | |
| 80511 | N. Tamiami Trail STE E6 | | | | | | | |
| | Address | | | | | | | |
| Saraso | ata, Florida, 34243 | | | | | | | |
| | City/State and Zip Co | ode | | | | | | |
| reports | s@cloudpeaklaw.com | | | | | | | |
| ŀ | E-mail address: (to be used for futur | e annual report noti | ification) | | | | | |
| For fu | rther information concerning this m | atter, please call: | | | | | | |
| Cynthi | ia Davies | 727 at (| 300-0042 | | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | | |
| | Mailing Address: | | Street Address: | | | | | |
| | Registration Section | | Registration Section | | | | | |
| | Division of Corporations | | Division of Corporations | | | | | |
| | P.O. Box 6327 | | The Centre of Tallahassee | | | | | |
| | Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |
| | Enclosed is a check for the follo | wing amount: | | | | | | |
| | \$25 Filing Fee | | \$55 Filing Fee & Certified Copy | | | | | |

INHS18 (2/14)

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 | ame of the limited liability company: KJ Energy LLC | | | | | |
|--|--|--|-----------------------------|--|---|---|
| 2. (a) | 8051 N. Tamiami Trail STE E6 | | (b) | 8051 N. Ta | amiami Trail STE E6 | |
| . (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (**) | | Mailing address of limited liability of (Note: MAY BE POST OFFICE | |
| | Sarasota, Florida, 34243 | | | Sarasota, F | lorida, 34243 | |
| | 02/13/2020 | | | L200000516 | 608 | |
| 3. | Date of filing/registration in Florida | 4. | - | | Document number | |
| 5. (a) | O'BRIEN, KRISTEN | | | | | |
| // (u) | Registered Agent and Registered Office shown on the records of 8270 WOODLAND CENTER BLVD | : | ~ ` | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | | | | | |
| | TAMPA | 33614 | ţ | | | |
| (b) | Cindy's Florida LLC | | | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | • | CD. | | | |
| | 8051 N. Tamiami Trail STE E6 | | | | | |
| | NEW Registered Office Address: | | | | • | |
| | Surgeriale | 24242 | 1 | | | |
| | Sarasota FL | _34243 | , | | | |
| change igent v was/we | imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the | e regist ability of the l | erec cor limi | d office and npany, it is ted liability | I the business office of the re hereby confirmed that the ch company or as otherwise pr | gistered nange(s) |
| | Cynthia Davies | C | ynt | hia Davies, l | | |
| | ture of a member or authorized representative of a member | | | | Printed or typed name of signee | |
| l herei provisi he obl o mere notified | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did writing of this change. | ree to c perfor d for it hereby | act i ma. n Ci coi | in this capa nce of my a hapter 605, nfirm that t | wity. I further agree to comp luties, and I am familiar with F.S. Or, if this document is the limited liability company. | oly with the and accept being filed has been |
| C: | Cynthia Davies | | | | | |
| Signatu | re of Registered Agent | | | | | |