L22000375 165

(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
(City/State/Zip/Filone #)					
☐ PICK-UP ☐ WAIT ☐ MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J DENNIS					
MAY 2 1 2023					

Office Use Only



200403187742

SECRETARY OF STATES

COVER LETTER

_	: Registration Section Division of Corporations				
SUBJECT:	Killen	Construction Name of Limi	Services ted Liability Company		
Dear Sir or N	Madam:				
The enclosed	d Registered Agen	t/Registered Office Chang	e and fee(s) are submitted for filing.		
Please return	ı all corresponden	ce concerning this matter t	o the following:		
_5e	Name	of Person			
Hiller	Const Firm/	ruction Ser	vices		
2681		her Ave			
Ferno	endina	Beach F and Zip Code	lorida 32034		
	city/State	ed for future annual report			
For further in	nformation concer	rning this matter, please ca	11:		
	Name of Pers	at ()		
<u>Mai</u>	iling Address:		Street Address:		
Registration Section			Registration Section		
	ision of Corpora	tions	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
1 211	lahassee, FL 323	14	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	løsed is a check f	or the following amount:			
1 s	25 Filing Fee		☐ \$55 Filing Fee & Certified Copy		

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. Na	me of the limited liability company: Killen Co	nstruction S	ervic <i>es</i>
	2691 S. Hetcher Ave	(b) 2681 5.	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	ss of limited liability company: Y BE POST OFFICE BOX)
	Fernandia Beach Florida	fernancli	na Beach
	82034	Floricla	32034
	08/24/2022	L226003	73 143
3.		4. Document	number
5. (a)	United States Corporate A Registered Agent and Registered Office shown on the records of the	gents INC	
	476 Riverside Ave	Torrai Dept. Of State.	
	Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)	
	Jackson ville .FL	32202	
(b)	Sean Killen CMyse Enter name of NEW Registered Agent and/or NEW Registered Of		
	2681 5, fletcher Ave		
	NEW Registered Office Address:		
		· · · · · · · · · · · · · · · · · · ·	
	fernandina Beach .FL 3	32034	
	mited liability company is not organized under the laws or changes are made the Electide street address of the re-		
igent w	or changes are made, the Florida street address of the reg fill be identical. Or, in the case of a Florida limited liabil re authorized by an affirmative vote of the members of the	ity company, it is hereby cor	ifirmed that the change(s)
he artic	cles of organization or the operating agreement of the lim	ited liability company.	
Signat	ure of a member or authorized representative of a member	DEAN Printed or ty	Killen ped 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 of Registered Agent