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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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

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LLC REGISTERED AGENT CHANGE KPAM ENGINEERING 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.

L N	ame of the limited liability company: KPAM ENGIN	EERI	NG LLC			
2. (a)						
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `		Mailing address of limited (Note: MAY BE POST	f liability com	pany:
	6586 West Atlantic Avenue Mr Shipper 202	_	6586 We	est Atlantic Avenu	ie Mr Ship	per 202
	Delray Beach, FL 33446	_	<u>Delray E</u>	Beach, FL <u>33446</u>		
	01/19/2023		L230000)37004		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	UNITED STATES CORPORATION AGENTS	5, INC	.	_		
. /	Registered Agent and Registered Office shown on the records of th	e Florid	a Dept. of Stat	e:		
	476 RIVERSIDE AVE.			_		
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES	<u>S)</u>			
	JACKSONVILLE , FL_	3220	2	<u>.</u>		
(b)	Registered Agents Inc					
ζ,	Enter name of NEW Registered Agent and/or NEW Registered (Office a	ddress:			
	7901 4th St N			<u>√</u>	202,	
	NEW Registered Office Address:	-			2023 Fig	
	STE 300				-5	
				· ··	17	[
	St. Petersburg , FL	3370	2) <u>-</u>	C
the chagent was/withe art Sign Thereprovise the obtome	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial zere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law in the following authorized representative of a member and agreement of a member of all statutes relative to the proper and complete phigations of my position as registered agent as provided rely reflect a change in the registered office address. I held in writing of this change.	the reg bility to the linited R	istered office company, it is mited liability core company. It is mited liability core company.	te and the business of is hereby confirmed to the company or as other company. ONES Printed or typed name of the confirment or typed name of the confirment of the confirmen	the of the charen of signer	registered age(s) aided in

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

Juild Kacoetts David Roberts - Assistant Secretary

Signature of Registered Agent