M0500006816

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SECRETARY OF CORNERSHIPS



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax. 800-432-3622

regagent@capitolservices com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

12/15/2008 FLORIDA

REP UNIT:

KELLOGG BROWN & ROOT LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #15619 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

COVER LETTER

Division of Corporations KELLOGG BROWN & ROOT LLC SUBJECT: (Name of Limited Liability Company) Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Myra Homer (Name of Person) Capitol Corporate Services, Inc. (Firm/Company) 800 Brazos, Suite 400 (Address) Austin, Texas 78701 (City/State and Zip Code) For further information concerning this matter, please call: Myra Homer (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ✓ \$25 Filing Fee S55 Filing Fee & Certified Copy

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is:KI	ELLOGG BROWN & ROOT LLC	·
2. The mailing address of the limited liability company is	3:	·
601 Jefferson St., KT-3455A, Houston, TX 77020		·•
12/12/2005	M05000006816	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered offi Florida Department of State:	ice address as shown on the records of the	
C T Corporation System		
Name		10
1200 South Pine Island Road Address		SE 33
Address Diagratian El 22224		享景
Plantation, FL 33324 City, State and	I Zip	(2) = 1
	\sim	
6. The name and address of the new registered agent and/o	or office:) <u>E</u> ç
CAPITOL CORPORATE SER		
Name	RVICES, INC. မှု	, A.
155 OFFICE PLZ DR STE A) <u>Ş</u> t
Florida street address (P.O. Bo	ox NOT acceptable)	
TALLAHASSEE FL F	L 32301	
City, State and 2	Zip	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other confirmed that the change (so the member of a member or authorized representative of a member) [Printed or typed name of signee]	Florida street address of the registered official. Or, in the case of a Florida limited s) was/were authorized by an affirmative volume provided in the articles of organization.	ote ion
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compant that the limited liability compants of the confirmitation of the limited liability compants of the limited liability of the liability of the limited liability of the li	roper and complete performance of my duticition as registered agent as provided for erely reflect a change in the registered officingly has been notified in writing of this change	es, in ce e.

(Signature of Registered Agent) Delanie Case, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.

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