Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100002766163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

المراب ورايات الماح ويوالسم وسست الماحود

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE KBR HOLDINGS, LLC

Certificate of Status	0
Certified Copy	Ü
Page Count	03
Estimated Charge	\$25.00

T. CLINE EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: KBR HOLDINGS, LLC	mited Liability Company	- -	
TABLE OF LA	unied Diacinty Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
Charmane Whetley			
Name of Person			
Kellogg Brown & Root			
Firm/Company		el Merce	63
	Ţ		2010
601 Jafferson Avenue, 3463-D			
Address	- 	22. 22.	ľ
Houston, TX 77002	<u>.</u>	τη : . **: <u>ι΄</u> **: τ :	3
City/State and Zip Code		erra (
City/State aim Lip Code	:	#	
CHARMANE.WHATLEY@KBR.COM	•	. III / '	-
E-mail address: (to be used for future annual report notif	fication)		
For further information concerning this matter,	please call:		
Charmane Whatley	753-2154		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MATLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following a	amount:		
□ \$25 Filing Fee	Q \$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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. Name of the limited liability company: KBR HOLDINGS, LLC 4100 CLINTON DRIVE 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) HOUSTON, TX 77020 601 JEFFERSON ST., KT-3455A (b) Mailing address of limited liability company: HOUSTON, TX 77020 (Note: MAY BE POST OFFICE BOX) 12/11/2006 M06000006839 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CAPITOL CORPORATE SERVICES INC Registered Agent: = 155 OFFICE PLAZA DR ST A Registered Office Address: TALLAHASSEB FL 32301 US 154 Ç 器学 CO (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 310 C T Corporation System **NEW** Registered Agent: Ω. N 1200 South Pine Island Road **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) FL 33324 Plantation. If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or a Sharlin Alduo, Mamber

Printed or typed 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the imited liability company has been notified in writing of this change.

C.B. Conformion System

Assignment April 1882.

uthorized representative of a mamber

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

INH618 (05/08)