

Division of Corporations Electronic Filing Cover Sheet

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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850) 878-5368

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

Email Address:

LLC REGISTERED AGENT CHANGE **KBR USA LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

DEC 29 2010

EXAMINER

COVER LETTER

	TT				
TO: Registration Section Division of Corporations					
SUBJECT: KBR USA LLC					
Name of	Limited Liab	ility Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Chang	e and fee(s) are submitted for fili	ng.		
Please return all correspondence concerning	g this matter t	o the following:			
Chumana Whutlee					
Charmane Whatley Name of Person					
Kellogg Brown & Root			Σ_{co}	10	
Firm/Company		_			ده.
				DEC.	, i
601 Jofferson Avenue, 3463-D		_	SS	28	-
Address		-	H _E	120	11
			5.5	1 0	4
Houston, TX 77002		 ·	RETARY OF STATE AHASSEE, FLOKIO	AH 10: 00	
City/State and Zip Code			>	<u> </u>	
CHARMANE.WHATLEY@KBR.COM					
E-mail address: (to be used for future annual report	notification)				
For further information concerning this mat	iter, please cal	1:			
Charmane Whatley	st (^{7‡3}	√ 753-2154			
Name of Person	01 (Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: Pistration Section Pision of Corporations D. Box 6327 Planassee, Florida 32314			
Enclosed is a check for the following	ng amoupt:				
☐ \$25 Filing Fee	-	5 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 USA LLC			
2. (a) Principal office address of limited liability company	4100 CLINTON DRIVE		
(Note: MUST BE STREET ADDRESS)	HOUSTON, TX 77020		
(b) Mailing address of limited liability company:	4100 CLINTON DRIVE		
(Note: MAY BE POST OFFICE BOX)	HOUSTON, TX 77020	***	
02/18/2010	M10000000763		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept	of Stat	e:
Registered Agent:	CAPITOL CORPORATE SERVICE	ES INC	
Registered Office Address:	155 OFFICE PLAZA DR ST A		
Ann Disease As Assessed 1 for Management	TALLAHASSÉE FL 32301 US	<u>></u>	=
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:	AHA	DEC 2
NEW Registered Agent:	C T Corporation System	¥ ¥ ¥ ¥	<u>တ</u>
NEW Registered Office Address:	1200 South Pine Island Road		AM IO
(MÜST BE FLORIDA STREET ADDRESS)	Plantation	F42 333	240
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	orida street address of the regi- cal. Or, in the case of a Florid	stered of a limite	ffice d
Sharlin Aldao, Member			
Printed or typed name of signee			
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my post hapter 608, F.S. Or, if this document is being filed to mere laddress I gereby confirm that the limited liability company is	ree to act in this capacity. I fiver and complete performance tion as registered agent as pro ty reflect a change in the regi	irther as of my a vided fi stered o this chi	ree lo ulies, or in ffice inge

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

INHS18 (05/08)