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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORING

J. SAULSBERRY EXAMINER

NOV \$ 200

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: K&G Industrial Services, LLC			
· Name o	f Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	d Office Cha	ange and fee(s) are sub	mitted for filing.
lease return all correspondence concerning	ng this matte	er to the following:	
aura Zink			•
Name of Person			
&G Industrial Services, LLC			
Firm/Company			\$ * .
			77. 强
6532 Railroad Avenue			50 2 2 3 3 3 3 3 3 3 3 3 3
Address		•	\$12 NOV -8 SECRETAR SECRETAR
andre Al 2000			26.77 do
oxley, AL 36551		_ 	
City/State and Zip Code			ST ST
ink@kandg.net			夏帝 名
E-mail address: (to be used for future annual repor	rt notification)		
or further information concerning this ma	atter, please	call:	·
ura Zink	at (²⁵¹	964-7440	
Name of Person		Area Code & Daytime To	elephone Number
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	S
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 323	14
Enclosed is a check for the follow	/ing amaun	t :	
\$25 Filing Fee		 L \$55 Filing Fee & Cer	tified Com-
MALINZI CHING CCC		i waa riiing ree 🐼 Cer	mnea Conv

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: K&G Industria	al Services, I	LLC				
2. (a) Principal office address of limited liability comp		26522 Bailroad Ayanya				
(Note: MUST BE STREET ADDRESS)	Loxley	y, AL 36551				
(b) Mailing address of limited liability company:	26532 Railroad Avenue .					
(Note: MAY BE POST OFFICE BOX)		Loxley, AL 36551				
03/13/2012	M120	00001431				
3. Date of filing/registration in Florida	4. Do	cument number	•			
5. (a) Registered Agent and Registered Office shown	on the rec	ords of the Florida D	Dept. of	State:		
Registered Agent:	Laura	Zink				
Registered Office Address:	414 Sr	niley Court	SE	1931		
	Winter	r Haven, FL 33884	27	2		
		···	SS	<u> </u>	47-144.48	
(b) Enter name of NEW Registered Agent and/or !	NEW Reg	istered Office addr	ess o	oo ≱>		
NEW Registered Agent:	CTC	orporation System	1.5. S.T.	<u> </u>	******	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 5	South Pine Island Road	303	32		
MOST BET LONION STREET APPRESS	Planta	tion	,FL	33324	·	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or anthorized representative of a member Laura Zink Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	ne Florida : dentical. C ge(s) was/v therwise p bany.	street address of the Dr. in the case of a Fl vere authorized by a rovided in the article	register lorida li n affirm es of or	red offic mited native vo ganizati	ote on	

Signature of Registered Agent