

10/4/21 9:54 AM

M1300002914
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000370552 3))



H210003705523ABCZ

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

2021 OCT -4 PM 3:30

TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT -4 AM 9:11

FILED

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
KCI CONSTRUCTION SERVICES LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

OCT - 5 2021

S. PRATHER

((H21000370552 3))

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.

1. Name of the limited liability company: KCI Construction Services LLC

| | |
|--|--|
| 2. (a) <u>Principal office address of limited liability company</u> <i>(Note: MUST BE STREET ADDRESS)</i> <u>936 Ridgebrook Road,</u> <u>Sparks, Maryland 21152</u> | (b) <u>Mailing address of limited liability company</u> <i>(Note: MAY BE POST OFFICE BOX)</i> <u>936 Ridgebrook Road,</u> <u>Sparks, Maryland 21152</u> |
|--|--|

| | |
|---|--|
| 3. <u>05/07/2013</u> <u>Date of filing/registration in Florida</u> | 4. <u>M13000002914</u> <u>Document number</u> |
|---|--|

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State CT CORPORATION SYSTEM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address
LEGALINC CORPORATE SERVICES INC.
NEW Registered Office Address
5237 SUMMERLIN COMMONS BLVD, SUITE 400
FORT MYERS, FL 33907

FILED
2021 OCT -4 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Christopher J. Griffith
Signature of a member or authorized representative of a member

Christopher J. Griffith
Printed or typed name of signer

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

[Signature]
Signature of Registered Agent