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To:

Division of Corporations

Fax Number : (850)617-6383

TAX NUMBEL . (030)011-33

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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(((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. Na	ame of the limited liability company: KCl Construction	n Servic	es LLC			
2. (a)	· ·					
2. ()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
	936 Ridgebrook Road,		936 Ridgebrook Road,			
	Sparks, Maryland 21152	_	Sparks, Maryland 21152			
	05/07/2013		M130000	002914		
3.	Date of filing/registration in Florida	- 4.	-	Document number		
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of S	State		
	CT CORPORATION SYSTEM					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	.s.s <u>)</u>			
	1200 S. PINE ISLAND ROAD					
	PLANTATION	33324 L			202 SE FALI	
					2021 OCT -4 AM SEGRETARY OF S ALLAHASSEE, FL	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	14000			T -4 CT -4 TARY ASSE	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address		. SEC. 0, S.	
	LEGALINC CORPORATE SERVICES INC.					
	NEW Registered Office Address				9: 1 STATE ORIC	
	5237 SUMMERLIN COMMONS BLVD, SUITE 400				A	
	FORT MYERS, , FI	33907 L				
change agent v was/w the art	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members icles of organization or the operating agreement of the Christipher of authorized representative of a member of authorized representative of a member	ws of the register is ability of the left in the left	he State of cred office company, i imited hab	Florida, it is hereby c and the business offic it is hereby confirmed ility company or as of ompany.	ee of the registered I that the change(s) Therwise provided in	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a perfor ed for u hereby	ict in this comance of n in Chapter (confirm th	anacity. I firther ao	ee to comply with the	

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