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Account Name : C T CORPORATION SYSTEM

Account Number: FCA00005023 Phone: (614)280-3338 Fax Number: (954)208-0845

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LLC REGISTERED AGENT CHANGE K-D CHAPMAN, LLC

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MAY 25 2018

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

1. Na	me of the limited liability company: K-D Chapman,	, LLC	
(11) 22	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. , , .	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fargo, ND 58102		
	04/10/2015	M15000	002902
	Date of filing/registration in Florida	. 4.	Document number
. (a)	CORPORATION SERVICE COMPANY		
). (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS) ::	<u> </u>
	1201 HAYS STREET	<i>;</i> *	 고설 호
	TALLAHASSEE	FL 32301-2525	<u> </u>
(\mathfrak{b})	C T Corporation System	11.0	LET 1 24 1
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	
	NEW Registered Office Address:		
	1200 South Pine Island Road		· •
	Plantation	FL_33324	
	- I initiation	FL	
he cha igent v vas/w he art	imited liability company is not organized under the range or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the registered of d liability company, rs of the limited liab	it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signa	nurs of a member or physorized representative of a member	***	Printed or typed name of signee
I here provis the ob to mer notifle CTC	by accept the apprintment as registered agent and ions of all statuted relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change. Corporation System	, Thereby conf-rm t	capacity. I further agree to comply with the my duties, and I am familiar with and acce of 505, F.S. Or, if this document is being file that the limited liability company has been
D	ne of Registered Agent Linda Startferfl Division of Corporations P.C	/ D. Box 6327• [™] alla	ahassee, FL 32314
	Division of Corporations of		•