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	To: Division of Corporations Fax Number : (850)617-6383	
82	From: Account Name : INCORP SERVICES IN Account Number : 120120000007 Phone : (702)366-2500 Fax Number : (702)366-2689	c
© ₩ 800 800 800 800 800	Enter the email address for this business entity to be annual report mailings. Enter only one email address:	be used for future ess please.**
	LLC REGISTERED AGENT CHANG KATERRA ENGINEERING LLG Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$25.00	
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н <b>л</b> ,		COVER LETTER	
TO:	Registration Section		
	Division of Corporations		
SUBJE	2 <b>0</b> °T-	Katerra E	ingineering LLC
		Name of Lim	ited Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registere	ed Office Chang	ge and fee(s) are submitted for filing.
Please	return all correspondence concern	ing mis matter	to the following:
	Nicole Acosta	<u> </u>	
	Name of Person		
	InCorp Services, I	nc.	
	Finn/Company		<del></del>
	3773 Howard Hughes Parkwa	sv Suite 500S	
	Address		
	· · · · · · · · · · · · · · · · · · ·		
	Las Vegas, NV 89169	-6014	
	City/State and Zip C	ode	•
	documents@incorp.	com .	
E	-mail eddress: (to be used for futu	re annual repor	t notification)
For fur	ther information concerning this n	natter, please ca	ill:
Nicol	e Acosta for InCorp Services, la	no, at (	702 866-2500 ext. 6925
·	Name of Person	u. (	Area Code & Daytime Telephone Number
			MAILING ADDRESS:
	STREET/COURIER ADDRES	S:	
	Registration Section	S:	Registration Section
	Registration Section Division of Corporations	S:	Registration Section Division of Corporations
	Registration Section Division of Corporations Clifton Building	8:	Registration Section Division of Corporations P.O. Box 6327
	Registration Section Division of Corporations	<b>S:</b>	Registration Section Division of Corporations
	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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## H190003170763

## 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 subsitis 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: Katerra Engineering LLC

2. (a)	· · ·	(b)	·		
	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Nate: MAX BE POST OFFICE BOX)		
	2494 Sand Hill Rd Ste 100				
	Menio Park, CA 94025				
	06/04/2018	M180	00005245		
	Date of filing/registration in Florida	4.	Document number		
. (a)	C T CORPORATION SYSTEM				
8	Registered Agent and Registered Office shown on the records of the Florids Dept. of State:				
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS			
	Plantation FI	33324			
	InCorp Services, Inc.		28		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:			
	17888 67th Court North				
	NEW Registered Office Address:		5 <b>b</b> o		
	Loxahatchee, FL 33470				
	Loxahatchee	33470			
ne chan gent w gaa/we	mited liability company is not organized under the lar nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members of less of the angent of the operating agreement of the	the registered of ability company of the limited lia limited liability	office and the business office of the register, it is hereby confirmed that the change(s) bility company or as otherwise provided i		
Silont	the of a member or suthorized representative of a member		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.

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

INH518 (2/14)

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