14000011413

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	MAIL MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
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Y SULKER FEB 1 8 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 120000000	.95					
	REFERENCE	: 470468	8364979					
	AUTHORIZATION	Localita	lana a					
	COST LIMIT	: \$ 25.00	man					
ORDER DATE	: February 11, 2022							
ORDER TIME	: 8:28 AM							
ORDER NO.	: 470468-002							
CUSTOMER NO	: 8364979							
CHANGE OF AGENT								
NAME: BOEN-KEMP CONSTRUCTION, LLC								
	RN THE FOLLOWING AS	PROOF OF FILI	NG:					
	IN STAMPED COPY							
CONTACT PERS	SON: Alexxis Weilan	d						

EXAMINER'S INITIALS:

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	ime of the limited liability company: BOEN KEMP CO	NSTR	(UC	CTION, LLC
2	(a)	3680 N. INVESTMENT DRIVE	((b)	3680 N. INVESTMENT DRIVE
-	144)	Principal office address of limited liability company:	_ `		Mailing address of limited liability company:
		(<u>Note: MUST BE STREET ADDRESS</u>)			(Note: MAY BE POST OFFICE BOX) FAYETTEVILLE, AR 72703
		FAYETTEVILLE, AR 72703	_	_	PATETIEVILLE, AR 72703
		11/25/2019	_	N	M19000011413
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
	()	Registered Agent and Registered Office shown on the records of the REGISTERED AGENTS INC.	he Floric	ia U	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>)</u>	
7901 4TH ST N. SUITE:300					
		ST. PETERSBURG	33702		
		FL_			
	(b)				
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddr</u>	ress:
		Corporation Service Company			
		NEW Registered Office Address:			
		1201 Hays Street			
					157
		Tallahassee, FL_	32301		
ch ag wa	ange ent w is/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	egister pility co `the lin	red om nite	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	/s/ Mo	lanie Fleeman	Ме	lan	nie Fleeman, Authorized Person
- !	Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to	ovisie obli mere	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he lin writing of this change.	e to ac perform for in (greby c	t in tan Cha conj	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605. F.S. Or, if this document is being filed afirm that the limited liability company has been
Si	J. griatui	e of Registered Agent Grace	E. Kirb	y, A	Asst. Vice President