P05915

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J DERNIS					
MWA - 8 2054					

Office Use Only



700428283957

SECRETARY OF STATE

7024 MAY -8 AH 11: 34

RECEIVED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo ir to change its registered office or regi.	unized under the laws of the State of <u>F</u>	05915	is	_
1. The name of t	the corporation: PERFORMANCE CON	NTRACTING, INC. OF KANSAS			
	office address: 11145 THOMPSON AV				-
3. The mailing a	ddress (if different):				_
4. Date of incorp	poration/qualification: 05/07/1985	Document number: P05915			_
	d street address of the current registered timent of State: (If resigned, enter resigned)	-	h the	~3	
	LEGALINC CORPORATE SERVICE	ES INC.	0.3S.	024	
	5237 SUMMERLIN COMMONS BLV	/D, SUITE 400		2024 MAY -	η
	FORT MYERS	FL 33907		œ _	LED
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or registered office	ce ST	AM 11: 34	D
		.			
P.O. Box NOT acceptable					
	Tallahassee	FL 32301			
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its	registere	d agei	nt.
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been r	ed by its board of directors or by an onotified in writing of the change.	officer so		
- Xee.	2. agni	JILL CILMI, VICE PRESIDENT			
I hereby accept I further agree to of my duties, an document is hei- corporation has	the appointment as registered agent a to comply with the provisions of all stand I am familiar with and accept the oling filed merely to reflect a change in a been notified in writing of this change in Service Company	autes relative to the proper and comp bligation of my position as registered the registered office address, I hereby		ormar)r, if ti that t	nce his he
By: Y)	nature of Registered Agent	05/07/2024			_
_	half of an entity:				
GRACE E. KIRE	BY, ASST. VICE PRESIDENT				
Ty	yped or Printed Name				
	* * * FILING F	TEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

434167-115