

2023/08/16 16:48:16 7/14
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Florida Department of State
Division of Corporations
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From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dkienzle@kienzleco.com

**REGISTERED AGENT CHANGE
KIENZLE CONSULTING, INC.**

Certificate of Status	0
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Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kienzle Consulting, Inc.

2. The principal office address: 5439 Osprey Court, Sanibel, Florida 33957

3. The mailing address (if different):

4. Date of incorporation/qualification: 04/30/2015 Document number: P15000039076

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John W. Hilbert II
17056 Marina Cove Lane
Fort Myers, Florida 33908

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David W. Kienzle
5439 Osprey Court
P.O. Box 801 acceptable
Sanibel, Florida 33957

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

John W. Hilbert II, Secretary
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

/s/David W. Kienzle
Signature of Registered Agent

08/15/2023
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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