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Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE KLINGSTUBBINS, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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3/25/2013

COVER LETTER

TO: Am Div	endment Section rision of Corporations				
SUBJECT	KLINGSTUBBINS, INC. Name of Corporation				
	Name of Corporation				
DOCUME	NT NUMBER:				
The enclose	d Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please retur	n all correspondence concerning this matter to the following:				
	Lewona Williams				
	Name of Contact Person				
	Jacobs Engineering Group				
	Firm/Company				
	155 N Lake Ave				
	Address				
	Pasadena, CA 91101				
	City/State and Zip Code				
	jim.hyde@jacobs.com				
	E-mail address: (to be used for future annual report notification)				
For further i	nformation concerning this matter, please call:				
Lewons Will	520 578,5775				
	Name of Contact Person at () Area Code & Daytime Telephone Number				
Enclosed is a	\$35.00 check made payable to the Department of State.				
·	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

CR2E045 (03/12)

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

in orde	er to change its registered office	ion organized under the laws of the State of <u>DELAWAR</u> or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: KLINGSTUBBI	NS, INC.	
2. The principa	I office address: 155 N Lake Ave,	Pasudena, CA 91101	,
3. The mailing	address (if different):		
4. Date of incom	poration/qualification: 04/12/19	Document number: P33550	
	d street address of the current re- artment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	***
	CORPORATION SERVICE CO	MPANY E	170043000
	1201 HAYS STREET	\$50 Z	
	TALLAHASSEE FL 32301-252	5 D W	Ö
6. The name and (if changed):	d street address of the new regist	tered agent (if changed) and for registered office	
	C T Corporation System		
	c/o C T Corporation System, 120	0 South Pine Island Road	
		D. Box NOT acceptable	
,	Plantation, Florida 33324		
The street address changed will	ess of its registered office and to be identical.	he street address of the business office of its registered age	nt,
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
1/b	Ke Lil	Tristan Emrich, Secretary	_
I hereby accept I further agree , performance of	to of an efficer of director the appointment as registered a to comply with the provisions of my duties, and I am familiar with is document is being filed mere that the corporation has been n	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete lith and accept the obligation of my position as registered by to reflect a change in the registered office address, I solified in writing of this change.	
A	orporation System	03/25/2013	
Sign	nature of Registores Agent	Dule	,
If signing on be	half of an entity:		
Yadira Garcia, A			
T	yped or Printed Name	THO EDD. 625 AA + +	
		ING FEE: \$35,00 * * *	
M	AIL TO: DIVISION OF CORPORAT	e to Florida Department of State Tons, P.O. Box 6327, Tallahassee, FL 32314	

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