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S Citi-

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:	

DEC 2 / 2010

REGISTERED AGENT CHANGE KEGMAN INC.

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Help

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, f ration organized under the laws of the S ice or registered agent, or both, in the S	State of <u>FL</u>
1. The name of t	he corporation: KEGMAN II	SC.	
	office address: A BLVD SUITE 100 MELBO	OURNE, FL 32901	
3. The mailing a	ddress (if different):		
4. Date of incorp	P99000107983		
	street address of the currentment of State: (If resigned,	t registered agent and registered office center resigned)	on file with the
	GLASGOW, SUSAN A		
	1135 W. NASA BLVD SUIT	E 100	7.01
	MELBOURNE, FL 32901		2019 DEC
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	C T Corporation System		HI: 1
c/o C T Corporation System, 1200 South Pine Island Road			
	Plantation, Florida 33324	P.O. Box NO Facceptable	
The street addre	ess of its registered office and be identical.	nd the street address of the business of	fice of its registered agent,
		duly adopted by its board of directors of has been notified in writing of the char	or by an officer so nge.
Susan A Glasgow:A0109B30 TIBC98ADDB922ARR	Digitally signed by Suran A DOOOD Glasgow, A01098 30 2000 10090 A DDB0202000405F DFIDE BLOCK BIT	Susan Glasgow, President/a	
performance of agent. Or, if thi	my duties, and I am familia is document is being filed n	red agent and agree to act in this capa ns of all statutes relative to the proper of r with and accept the obligation of my perely to reflect a change in the registe, en notified in writing of this change.	position as registered
By: Was T Cor	paration System	12/19/2019	
Sign	nature of Registered Agen	Date	
If signing on be	half of an entity:		
T	yped or Printed Name		

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

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