

N12000009397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

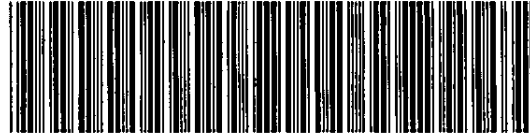
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
16 MAY -6 AM 11:15

MAY - 9 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Killer Mans Sons INC.

Name of Corporation

DOCUMENT NUMBER: N12000009397

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William J. Lake

Name of Contact Person

Firm/Company

5 Sanders Road

Address

Corinth, NY. 12822

City/State and Zip Code

kmsnationaltreasurer@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J. Lake

Name of Contact Person

at (**518**) **522 9807**

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

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: Killer Mans Sons INC.
2. The principal office address: 6408 MacDill Ave. Tampa, Florida 33611
3. The mailing address (if different): 5 Sanders Road Corinth, NY. 12822
4. Date of incorporation/qualification: 10/03/2012 Document number: N12000009397

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)

Theodore A. Giunta JR

5116 Ashmeade RD.

Orlando, FL. 32810

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

Travis Brunelle

6408 MacDill Ave.

P.O. Box NOT acceptable

Tampa, Florida 33611

16 MAY - 6 AM 11:15
SECTION OF CORPORATIONS
DIVISION

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.

William J. Lake
Signature of an officer or director

William J. Lake
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.

Travis Brunelle
Signature of Registered Agent

1 May 2016
Date

If signing on behalf of an entity:

William J. Lake
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