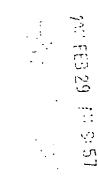
FOH 00000 6609

(F	Requestor's Name)		
(À	Address)		
(A	Address)		
(0	Dity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(E	Business Entity Name)		
(0	Ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to Fi	ling Officer:		

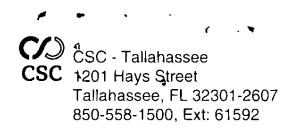
Office Use Only



000424693040







To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson - Alexxis.Weiland@cscglobal.com

Ext: 61592 Date: 02/29/24 Order #: 1441142-1

Re: KRM DEVELOPMENT CORPORATION

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office Check in the amount of: \$35.00 Authorization:

12000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Alexxis Weiland-Sorenson
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

, STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS . $\ \, \ \, \ \, \ \, \ \, \ \,$

statement of cha	nge is submitted for a corporation org	502, 607,1508, or 617,1508, Florida Statute anized under the laws of the State of <u>MARY</u> stered agent, or both, in the State of Florida	LAND
1. The name of t	he corporation: KRM DEVELOPMENT	CORPORATION	
	office address: 1 Dixon Square CHES		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/15/2004	Document number: F04000006609)
	street address of the current registered tment of State: (If resigned, enter resigned)	agent and registered office on file with the ned)	
	Figuero, Ralph		
	A, FL 33619		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office.		792 FE3 29
	Corporation Service Company		1
	1201 Hays Street	· · ·	٠. ن ج
	Tallahassee	Sox NOT acceptable FL 32301	1
The street addre	ss of its registered office and the street be identical.	et address of the business office of its regis	tered agent,
		ed by its board of directors or by an officentified in writing of the change.	
/s/ Jim McColigan Signature of an officer or director		Jim McColigan, Officer Printed or typed name and title	
I hereby accept I further agree t of my duties, an document is bei- corporation has		and agree to act in this capacity, atutes relative to the proper and complete p bligation of my position as registered agen the registered office address. I hereby conf te.	performance t. Or, if this irm that the
By: Dinoce tokuble		2/5/2024	
	nature of Registered Agent half of an entity:	Date	
	ped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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