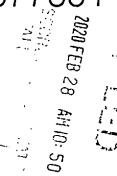
F08000005431

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100341377851



O SIMMONS MAR 0 2 2020 CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	O. : 12000000195
REFEREN	CE : 196193 7805766
AUTHORIZATIO	ON : Spelle le man
COST LIM	/ /
ORDER DATE : February 28,	2020
ORDER TIME : 11:27 AM	
ORDER NO. : 196193-005	
CUSTOMER NO: 7805766	
CHANGE OI	F AGENT
NAME: KILFORST,	INC.
PLEASE RETURN THE FOLLOWING CERTIFIED COPY	AS PROOF OF FILING:
XX PLAIN STAMPED COPY	
CONTACT PERSON: Kadesha Rok	person
	EXAMINER'S INITIALS:

COVER LETTER

то:

Amendment Section Division of Corporations

SUBJECT: KILFROST, INC.
Name of Corporation
DOCUMENT NUMBER: F08000005431
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Ross Elgie
Name of Contact Person
Kilfrost, Inc
Firm/Company
2255 Glades Road, Suite 324A, PMB #19
Address
Boca Raton, FL 33431
City/State and Zip Code
usa.finance@kilfrost.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ross Elgie 31 (954) 282-5050
Name of Contact Person 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
The Control of Tallabasea

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0 nge is submitted for a corpe r to change its registered of	oration organized	d under the laws	s of the State of <u>[</u>	Delaware		
1. The name of t	he corporation: KILFROST,	, INC.					
2. The principal Boca Raton, FL	office address: 2255 Glades	s Road Suite 32	4A PMB#19				
3. The mailing a	ddress (if different):			·			
4. Date of incorp	oration/qualification: 12/29	9/2008	_ Document no	ımber: <u>F080000</u>	05431		
	I street address of the curren tment of State: (If resigned,		t and registered	office on file wit	th the		
	Barton, Hortencia				2000 F		
	2255 Glades Road, Suite 324A PMB#19						
	Boca Raton		FL	33431			
6. The name and (if changed):	street address of the new re	egistered agent (i	f changed) and	/or registered offi	AH 10: 50		
	Corporation Service Com	pany					
	1201 Hays Street						
		P.O. Box. NO)T acceptable				
	Tallahassee		FL	32301			
The street addre	ss of its registered office a be identical.	nd the street add	lress of the busi	iness office of its	s registered agent,		
Such change wa authorized by the	s authorized by resolution to board, or the corporation	duly adopted by thas been notifi	its board of died in writing of	rectors or by an o	officer so		
Qu	of an officer or director	G	ary Lydiate		CEO		
				for typed name and titi			
Made	the appointment as registe o comply with the provisio of I am familiar with and act of filed merely to reflect a been notified in writing of a Service Company	red agent and a ns of all statutes cept the obliga change in the re this change.	gree to act in the relative to the ion of my positing is screen of the control of	nis capacity. proper and composition as registered address, I hereby	plete performance agent. Or, if this y confirm that the		
If signing on bel	half of an entity:						
Asst. V	na Roberson ice President ped 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 CR2E045 (04/13)