## 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 : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:\_\_

## REGISTERED AGENT CHANGE KINUM, INC.

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01
\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

NOV 1 4 2017

11/13/17 01:40PM PST Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg 3/4



FL

TO: Amendment Section Division of Corporations

SUBJECT: KINUM, INC.

Name of Corporation

F13000003745

Please return all correspondence concerning this matter to the following:

MARGOT MULLIN

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

MARGOT MULLIN

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 Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301 11/13/17 01:40PM PST Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg 4/4

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

	121	OTO FOR COM				
Pursuant to the pr	ovisions of sections of	07.0502, 617.0502,	607.1508, or 617.1508, 1	Torida Statutes, this State of VIRGINIA		
statement of chang	ge is submitted for a c	corporation organize ed office or registere	ed under the laws of the S ed agent, or both, in the S	tate of Florida.		
			J			
1. The name of the	e corporation: KINU	M, INC.	N.E.	SUITE #124		
2. The principal o	ffice address: 800 S	EAHAVIN CINC	23452			
	DEACH	VA 4		29		
3. The mailing ad	dress (if different): 2	133 UP TON DE	RIVE, SUITE 126-1			
VIRGINI	4 BEACH, VA <u>23</u>	3454		<del></del>		
4. Date of incorpo	oration/qualification:	08/28/2013	Document number:			
5 The name and	street address of the oment of State: (If resi	current registered ago	ent and registered office	on file with the		
	COGENCY GLO	BAL INC.				
TALLAHASSEE, FL 32301						
	TALLAHASSEE	, FL 32301		¥0 .		
6. The name and (if changed):			t (if changed) and /or reg		F!! F[	
	Registered Age	<del></del> -				
155 Office Plaza Dr., Suite A						
	Tallahassee, F	L 32301	4			
The street address changed will	ess of its registered of be identical.	ffice and the street	address of the business (	office of its registered age	π,	
Such change was authorized by the	as authorized by reso he board, or the corp	lution duly adopted cration has been not	by its board of directors tified in writing of the cl	enge.  PRESIDENT	т	
Isl Bruce A		<del>.</del> .	BRUCE KLINGE	A PRESIDENT	-	
I hereby accept I further agree nerformance of	f my dulies, and I am	familiar with and a		ny position as registered stered office address, I		
			11/03/2017	MC	-	
	gament of Regatered Agent charf of an entity:	<del></del>	1.2.			
	v nell - Assistan	Secretary				
	Typed or Printed Name		SE #15 08 + + +			
* * * FILING FEE: \$35.00 * * *						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314