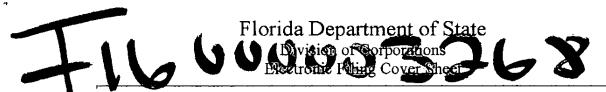
Fax: (888) 724-8629

To: FLORIDA Change of Ag Fax: (850) 617-6380

Page 1 of 3 01/03/2017 2:27 PM



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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 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.

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REGISTERED AGENT CHANGE KINGSLEY MANAGEMENT CORP.

IT JAN -3 PM 3: 31
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COVER LETTER

TO:

Amendment Section
Division of Corporations

SUBJECT: KINGSLEY MANAGEMENT CORP.

Name of Corporation

DOCUMENT NUMBER: F160000032

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:

Justine Karnell

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:

Justine Karnell

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
Tallahassee, FL 32301

From: Justine Karnell Fax: (888) 724-8829 To: FLORIDA Change of A_C Fax: (850) 817-6380 Page 3: of 3 01/03/2017 2:27 PM STATEMENT OF CHANGE OF REGISTERED OF FICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch | provisions of sections 607.(ange is submitted for a corp er to change its registered o | oration organi | zed under the laws of | the State of | UTAH | , |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------|-----------------|
| | the corporation: KINGSL | | 17 m | _ | | |
| | office address: 4656 NO | | | | VO, UT 846 | 04 |
| 3. The mailing | address (if different): | | | | | |
| 4. Date of incor | poration/qualification: 07/ | 22/2016 | Document numb | _{per:} F1600 | 000326 | |
| | d street address of the current runent of State: (If resigned | | | lice on file w | in加美 | FIL |
| | CORPORATION SI | ERVICE CO | OMPANY | *************************************** | 10 m | T |
| | 1201 HAYS STREE | T | | | TO S | , <u>)</u> D |
| | TALLAHASSEE, FL | _ 32301-25 | 25 | • • | 987 | ပ |
| 6. The name an (if changed): | d street address of the new r | | | registered of | fice | |
| | 155 Office Plaza Di | r Suite A | | | | |
| | Tallahassee, FL 32 | P.O. Box NOT a | eceptable | | | |
| | ess of its registered office a be identical. | | | | • | ıt, |
| Such change wanthorized by the | as authorized by resolution he board, or the corporation | duly adopted l has been noti | by its board of direct fied in writing of the | ors or by an e | officer so | |
| Wal | | | Nate Nelson | | President | |
| I hereby accept I further agree performance of | the appointment as registe to comply with the provision my duties, and I am famille is document is being filed no that the corporation has he | red agent and ins of all statut ar with and ac nerely to reflet een notified in | agree to act in this c es relative to the pro cept the obligation o | ped name and on apacity, per and com f my position gistered offic re. | plete as registered | |
| | manufa of Registered Agent that of an entity: | | | Date | | |
| Justine Karr | nell - Assistant Secre | etary | . * | | | |
| Ţ | yped or Printed Name | | i dag oo a sa | | | |

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