

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  
KALOS FINANCIAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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1/13/2020 9:25:31 AM PAGE

1/001

Fax Server



January 13, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REGISTERED AGENT SOLUTIONS

SUBJECT: KALOS FINANCIAL, INC.  
REF: F18000003143

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current Registered Agent listed is not the current Registered Agent listed on our records. Please review and correct.

If you have any further questions concerning your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III  
Amendment Section  
Amount charged: 35.00

FAX Aud. #: H20000010206  
Letter Number: 920A00000828

850-617-6381

1/8/2020 11:24:02 AM PAGE 1/001 Fax Server



January 8, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KALOS FINANCIAL, INC.  
11525 PARK WOODS CIR  
ALPHARETTA, GA 30005US

SUBJECT: KALOS FINANCIAL, INC.  
REF: F18000003143

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons

FAX Aud. #: H19000374117

Regulatory Specialist II Supervisor

Letter Number: 220A00000458

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kalos Financial, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F18000003143

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:

**Margot Mullin**

Name of Contact Person

**Registered Agent Solutions, Inc.**

Firm/Company

**1701 Directors Blvd., Suite 300**

Address

**Austin, TX 78744**

City/State and Zip Code

**ORDERS@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

at **888 705-7274**

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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kalos Financial, Inc.
2. The principal office address: 11525 PARK WOODS CIR ALPHARETTA, GA 30005
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/2/2018 Document number: F18000003143

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)

NATIONAL REGISTERED AGENTS, INC.

1200 SOUTH PINE ISLAND ROAD

PLANTATION

FL

33324

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

Registered Agent Solutions, Inc.

155 Office Plaza Dr. Suite A

P.O. Box NOT acceptable

Tallahassee

FL

32301

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

20 JAN 14 PM 12:08

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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.

/s/ Carol J. Wildermuth  
Signature of an officer or director

Carol J. Wildermuth CFO  
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.

Mackenzie Hart  
Signature of Registered Agent

12/31/2019

Date

If signing on behalf of an entity:

Mackenzie Hart - Assistant Secretary

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