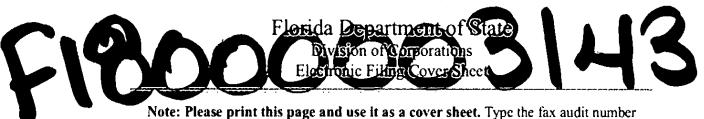
Division of Corporations



(((H20000010206 3)))

(shown below) on the top and bottom of all pages of the document.



H200000102063ABCL

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

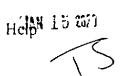
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

11				
tmall	Address:			

REGISTERED AGENT CHANGE KAŁOS FINANCIAL, INC.

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

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850-617-6381

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.

FAX Aud. #: H20000010206

Letter Number: 920A00000828

Terri J Schroeder Regulatory Specialist III

Amendment Section

Amount charged: 35.00

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

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

at (888

705-7274

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

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

statement of cha	provisions of sections 607.050 inge is submitted for a corpor r to change its registered offu	ation organized under ti	he laws of the State of	Georgia	
1. The name of t	the corporation: Kalos Fi	nancial, Inc.			
	office address: 11525 PAI		ALPHARETTA	A, GA 3000	5
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 7/2/	2018	ment number: F180	00003143	
	I street address of the current tment of State: (If resigned, e NATIONAL REG	nter resigned)		ith the	
	1200 SOUTH PINE ISL	AND ROAD		₽w ·N	
	PLANTATION	Fl	33324	20 JAN 14 SEURE DAN ALL ABJOSS	71
6. The name and (if changed):	street address of the new reg	_			
	155 Office Plaz	za Dr. Suite		Willes in William in Willes in Willes in Willes in Willes in William in William in Willes in Willes in Willes in Willes in William in W	
	Tallahassee	P.O. Box NOT acceptable FL 32	2301	V V	
The street addre	ess of its registered office and be identical.	I the street address of the	ne business office of it	s registered agent	l ,
Such change wa authorized by th	s authorized by resolution do ne board, or the corporation h	aly adopted by its board as been notified in writ	of directors or by an ing of the change.	officer so	
	J. Wildermuth	Carol	J. Wildermuth		
I furthér agrée t performance of agent. Or, if thi	the appointment as registere to comply with the provisions my duties, and I am familiar is document is being filed me that the corporation has bee	s of all statutes relative with and accept the ob- rely to reflect a change	to the proper and con ligation of my position in the registered office	n as revistered	
Hodes	windt	12/31/			
v	half of an antitus		Date	_	
	half of an entity:	200			
	lart - Assistant Secret	<u>aiy</u>			