7/12/2021



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To.

Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**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 KHRYSOS INDUSTRIES, INC.

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JUL 13 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176380

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

statement of ch	ange is submitted for a corporation org	2502, 607, 1508, or 617, 1508, Florida Statutes, this ganized under the laws of the State of DE
		istered agent, or both, in the State of Florida,
	the corporation: Klaysos Industries, Inc	
2. The principal	l office address: 4121 SW 34th Ave. Ork	ando, FL 32811
3. The mailing:	address (if different):	
4. Date of incor	rporation/qualification: 04/10/2019	Document number: F19000001813
5. The name an		d agent and registered office on file with the
	GRACIN & MARLOW, LLP	
	1825 NW CORPORATE BLVD, SUFF	
	BOCA RATON, FL 33431	
6. The name and (if changed):	d street address of the new registered ap	gent (if changed) and /or registered office
	C T Corporation System	
•••	1200 South Pine Island Road	
•	P.O. U	Bux NOT acceptable
	Plantation, Florida 33324	
The street addre	ess of its registered office and the stree he identical.	et address of the business office of its registered agent,
Such change wo outhorized by th	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.
1.1	Mellon	Willaim Thompson, CFO
Signatu	re of all officer of director	Printed or typed name and title
hereby accept further agree to further agree to further agree to further agree to further agreement is being to further agreement agreem	System ~	and agree to act in this capacity, atutes relative to the proper and complete performance objection of my position as registered agent. Or, if this the registered office address, I hereby confirm that the e.
,	Danise Bell	07/12/2021
Sigr	nature of Registered Agent	Date
f signing on bel	half of an entity:	
Denise Bell, Assi	istant Secretary	
Ту	spell or Printed Name	
	* * * FILING F	EE: \$35.00 * * *
	MAKE CHECKS PAYABLE TO FL	ORIDA DEPARTMENT OF STATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: