

P12000102200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

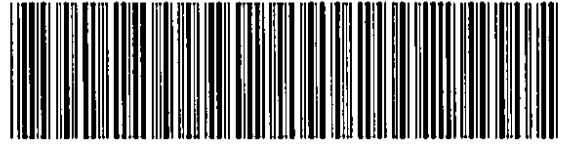
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 AUG 31 PM 4:53
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Thomas A. Roman
Paula C. Roman
Peter T. Roman



ROMAN & ROMAN
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August 28, 2018

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

2018 AUG 31 PM 4:59
DIVISION OF CORPORATIONS

Re: Krudo Knives, Inc.

Dear Sirs:

Enclosed please find an original signed Statement of Change of Registered Agent for the above referenced corporation along with a check in the amount of \$35.00. Upon receipt, please change the current registered agent information of Krudo Knives, Inc. to Peter Roman, 12000 US Highway 19, Hudson, FL, 34667.

Thank you for your attention to this matter.

Respectfully,

ROMAN & ROMAN, P.A.

Peter T. Roman

PTR/nad
Enclosures

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

1. The name of the corporation: KRUDO KNIVES, INC.
2. The principal office address: 39966 US HWY 19 N.
TARPON SPRINGS, FL 34689
3. The mailing address (if different): 850 E. LIME ST. #158
TARPON SPRINGS, FL 34688
4. Date of incorporation/qualification: 1/1/2013 Document number: P12000102200
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)

LOUIS KRUDO

850 E. LIME ST. #158

TARPON SPRINGS, FL 34688

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

PETER ROMAN

12000 US Highway 19

P.O. Box NOT acceptable

Hudson, Fla. 34667

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

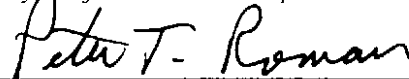
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

LOUIS KRUDO

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.


Signature of Registered Agent

8/27/18
Date

If signing on behalf of an entity:

Peter T. Roman
Typed or Printed Name

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

2018 AUG 31 PM 5:00
DIVISION OF CORPORATIONS
STATE OF FLORIDA