

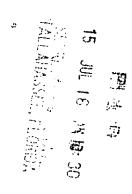
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R. WHITE

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

## SURJECT: Krome BP Incorporated

Name of Corporation

DOCUMENT NUMBER. P14000024862

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:

## **Dustin Fidalgo**

Name of Contact Person

### Krome BP Incorporated

Firm/Company

#### 27200 SW 177th ave

Homestead

Address

-Miami, Florida 33031

City/State and Zip Code

## KromeBP@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### **Dustin Fidalgo**

700

205-7442

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 change is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
I. The name of the corporation: Krome BP Inc	orporated
2. The principal office address: 27200 SW 177	7th ave
3. The mailing address (if different): 27200 SW	177th ave
4. Date of incorporation/qualification: 3/18/201	4
5. The name and street address of the current register Florida Department of State: (If resigned, enter re	¥
Dustin Fidalgo	
27200 sw 177th ave	
Homestead, F1 3	33031
6. The name and street address of the new registered (if changed):	d agent (if changed) and /or registered office
Kristinne Fidalgo	
27200 sw 177th ave	x NOT acceptable
	x NOT acceptable $\omega$
,	33031
The street address of its registered office and the s as changed will be identical.	treet address of the business office of its registered agent,
Such change was authorized by resolution duly ad- authorized by the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
$\mathcal{D}_{i}$	Kristinne Fidalgo Vice President
I hereby accept the appointment as registered age I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notif	Printed or typed name and title  nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.
+>	7-13-2015
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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