

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : PRECISION CORPORATE SERVICES, INC.
Account Number : 120700000110
Phone : (617)227-2276
Fax Number : (617)227-8178

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

Email Address: monitorfile@precisioncorp.com

REGISTERED AGENT CHANGE
KMAFB, INC.

Certificate of Status	0
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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: KMAFB, INC.
2. The principal office address: 1005 Lake Ave., Lake Worth, FL 33460
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/26/2014 Document number: P14000026996
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)

John B. Davie1005 Lake AveLake Worth, FL 33460

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

TRAC- The Registered Agent Company236 E. 6th AvenueP.O. Box NOT acceptableTallahassee, FL 32303

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/ John B. Davie

Signature of an officer or director

John B. Davie, President

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.

7/2/2020

Date

Signature of Registered Agent

If signing on behalf of an entity:

Jeffrey Sperdelozzi

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

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