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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

Fax Number

: (888)706-7274

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

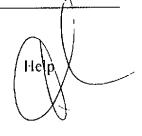
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## REGISTERED AGENT CHANGE KMAFB, INC.

Certificate of Status	0
Certified Copy	0
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## COVER LETTER

TO: Amendment Section Division of Corporations

KMAFB, Inc. SUBJECT: Name of Corporation P14000026996 **DOCUMENT NUMBER:** 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: Lori Whalen Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Whalen Area Code & Daytime Telephone Number Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

## \* 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 offic	ation organized	under the la	ws of the State of	Florida		
1. The name of t	the corporation: KMAFB, I	nc.	o Modh	El 33460			
2. The principal	office address: 1005 Lal	ke Ave Lak	e wordi,	FL 33400			
	ddress (if different):						
<ol> <li>Date of incorp</li> </ol>	poration/qualification: 3/26/	2014	_ Document	number: <u>P1400</u>	00026996		
	I street address of the current timent of State: (If resigned, c	-	and registere	ed office on file w	vith the		
	TRAC - THE REG	ISTERED /	AGENT (	COMPANY			
236 E 6TH AVE					202		
	TALLAHASSEE		FL	32303	2023 DEC -		
6. The name and (if changed):	I street address of the new reg			d /or registered o			
	2894 Remington Green Ln. Ste. A						
	Tallahassee	P.O. Box NOT FL	acceptable 3230	o	_		
		· -			_		
The street addre as changed will	ess of its registered office and be identical.	d the street addr	ess of the bu	isiness office of	its registered agent,		
Such change was authorized by th	as authorized by resolution d ne board, or the corporation b	uly adopted by has been notified	its board of a d in writing o	directors or by ar of the change.	n officer so		
/s/ Jaclyr	Wright	J <u>ac</u>	lyn Wrigh	nt ted or typed name and	Authorized Person		
l further agrée i of my duties, an docúment is bei	the appointment as registere to comply with the provisions d I am familiar with and acc ng filed merely to reflect a co been notified in writing of to	s of all statutes ept the obligati hange in the res	ree to act in relative to th on of my pos gistered offic	this capacity, se proper and co. sition as register e address, I here	mplete performance ed agent. Or, if this by confirm that the		
Ma	الله زوم	1	2/6/2023				
Sig	nature of Registered Agent		<del></del>	Date			
If signing on be	half of an entity:						
	r, Assistant Secretary						
19	yped or Printed Name	n no eee 4	*****				
	* * * F	ILING FEE: S	IJ5.UU * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)