

PI60000012579

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Komfortology INC
Name of Corporation

DOCUMENT NUMBER: P16000012579

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:

Nikolaev Aleksandr

Name of Contact Person

Komfortology INC

Firm/Company

3611 Conroy rd. #833

Address

Orlando, Florida, 32839

City/State and Zip Code

komfortology@gmail.com

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

For further information concerning this matter, please call:

Nikolaev Aleksandr

Name of Contact Person

at (305) 896 0884

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2016

NIKOLAEV ALEKSANDR
KOMFORTOLOGY INC
3611 CONROY RD #833
ORLANDO, FL 32839

SUBJECT: KOMFORTOLOGY INC
Ref. Number: P16000012579

We have received your document for KOMFORTOLOGY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the registered agent information in part 6 of the form.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850)-245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 916A00004994

**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: Komfortology Inc
2. The principal office address: 3611 Conroy rd. #833
Orlando, FL, 32839
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/08/2016 Document number: P16000012579
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)

Nikolaev Aleksandr

3611 Conroy rd. #833

Orlando, FL, 32839

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

Nikolaev Aleksandr


4630 S. Kirkman rd. #169

P.O. Box NOT acceptable

Orlando, FL, 32811

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.

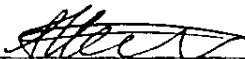


Signature of an officer or director

Nikolaev Aleksandr, 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.



Signature of Registered Agent

03/03/2016

Date

If signing on behalf of an entity:

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
CR2E045 (03/12)