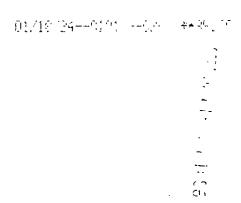
P20000084573

(Requestor's Name) (Address)
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COVER LETTER

TO:

Amendment Section Division of Corporations

Office/Agent and fee are submitted for filing.		
natter to the following:		
· · · · · · · · · · · · · · · · · · · 		
		
report notification)		
	•	
ease call:	<i>i</i> .	
31 (813 \ \) 5688804	*	
Area Code & Daytime Telephone N	lumber	
Enclosed is a \$35.00 check made payable to the Department of State.		
Street Address:		
_		
2415 N. Monroe Street, Suite 810		
	report notification) report notification) rease call: at (\frac{813}{\text{Area Code & Daytime Telephone Note Prepartment of State.} Street Address: Amendment Section Division of Corporations The Centre of Tallahassee	

Tallahassee. FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of florida	<u>s</u>
	C. C. 35	registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: KGM COMPANY	INC	<u>.</u>
		пра, fl 33604	
3. The mailing a	address (if different): 9028 lake place	ce In tampa II 33634	
4. Date of incorp	poration/qualification: 10/20/2020	Document number: P20000084573	
5. The name and		stered agent and registered office on file with the	
	Kristelł alvarez - 1306 w kirby st, t	ampa fl 33604	
o. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered office	
	yaesy alvarez - 9028 lake place ln,	tampa, fl 33634	
		P.O. Box NOT acceptable	
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its registered	l agent:
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	· •.
<u>Krista</u>	Alvage 2 ire of an officer or director	Briste / Alvarce z	
I hereby accept I further agree of of my duties, an document is bei		gent and agree to act in this capacity, all statutes relative to the proper and complete perfo the obligation of my position as registered agent. O we in the registered office address, I hereby confirm change.	ormance r if this that the
Sig	enature of Registered Agent	01/01/2024	
If signing on be	chalf of an entity:		
ŗ	yped or Printed Name	_	

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