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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ:	ECT: KPI ADVISORS CORP of Corporation	
Name	or corporation	
DOCU	JMENT NUMBER: P21000068570	
The er	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
	·	-
CARL	OS MEDINA	
Name	of Contact Person	
ERING	TABOUT, INC	
Firm/C	Company	
6205 E	BLUE LAGOON DR SUITE 130	
Addre	SS	
MIAM	I FLORIDA 33126	
City/S	tate and Zip Code	
	INFO@BRINGABOUT.US	
E-mai	l address: (to be used for future annua	d report notification)
For fu	rther information concerning this matter,	please call:
CARL	OS MEDINA	at (305) 655 1589
	Name of Contact Person	at (305)655 1589 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	rananassee, FL 32314	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 607.0502, 617.0502, inge is submitted for a corporation organiz r to change its registered office or register	ed under the laws of the State of FLO	RIDA	-
···	the corporation: KPI ADVISORS CORP			
2. The principal	office address: 6205 BLUE LAGOON DR S	UITE 130		_
3. The mailing a	ddress (if different):			_
4. Date of incorp	poration/qualification: 07/28/2021	Document number: P21000068570		
	I street address of the current registered age tment of State: (If resigned, enter resigned)	_		
	AYUDA CENTER			
	8230 CORAL WAY			
	MIAMI, FL 33155		2	2
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):				2622 OCT
	BRINGABOUT INC		. 7.	co
	6205 BLUE LAGOON DR SUITE 130			
P.O. Box NOT acceptable			•	85. 25.
	MIAMI, FL 33126			
The street addreas changed will	ess of its registered office and the street ac be identical.	ldress of the business office of its regi-	stered agen	ıl,
Such change wa	ns authorized by resolution duly adopted be ge board, or the corporation has been notif	by its board of directors or by an office fied in writing of the change.	r so	
PEREZ DE ARCE, ROBERTO - PE			DENT	
Signaty	re allan alliger ar director	Printed or typed name and little		-
I hereby accept I further agree of my duties, an document is bej corporation has	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging fled-merely to reflect a change in the supply in facilities in writing of this change.	agree to act in this capacity. es relative to the proper and complete ation of my position as registered age registered office address. I hereby con	performan 11. Or, if th firm that th	ce us ie
	Lauf Idue	09/30/2022		
Sig	northe of Registered Agent	Date		-
If signing on be	half of an entity:			
BF	RINGABOUT, INC			
T	yped or Printed Name			

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