(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195			
REFERENCE	: 080018 8357	768		
AUTHORIZATION	1// /			
COST LIMIT	: Smill dena			
ORDER DATE : October 5, 2021				
ORDER TIME : 2:21 PM				
ORDER NO. : 080018-033				
CUSTOMER NO: 8357768				
CHANGE OF AGENT				
NAME: KTGY GROUP, INC.				
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:			
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker	EXT#			

EXAMINER:

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

statement of ch	provisions of sections 607,0502, 617, ange is submitted for a corporation or er to change its registered office or re	rganized under the laws of the St	ate of FL
1. The name of	the corporation: KTGY GROUP, INC		
2. The principal	l office address: ARMAN AVE. SUITE 200 IRVINE, C		
3. The mailing a	address (if different):		
4. Date of incor	of incorporation/qualification: 09/20/2021 Document number: P21000082763		
	d street address of the current register rument of State: (If resigned, enter res		file with the
	REGISTERED AGENTS INC.		
	7901 4TH ST N SUITE 300		
	ST PETERSBURG	FL 33702	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registe	red office
	Corporation Service Company		
	1201 Hays Street		
). Box NOT acceptable	
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and the str be identical.	eet address of the business offic	e of its registered agent.
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has beer	pted by its board of directors or i notified in writing of the chang	by an officer so
8	ie E. almi	Jill Cilmi, Vice President	
	e of an officer or director	Printed or typed nan	
corporation mas	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this cham I Service Company	and agree to act in this capacit statutes relative to the proper an obligation of my position as reg of the registered office address. I nge.	y, id complete performance istered agent. Or, if this hereby confirm that the
	. Z.Kuble	10/13/2021	
Sigi	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
Ty	ped 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 (04/13)