

P97000090789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

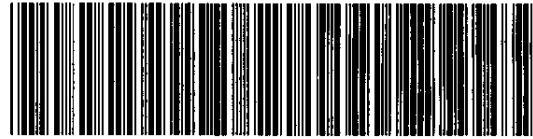
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 01 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kalo Management, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000090789

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:

Mitchell Kalogridis
Name of Contact Person

Kalo Management, Inc.
Firm/Company

2110-B Boca Raton Drive, Ste. 102
Address

Austin, Texas 78747
City/State and Zip Code

jan@kaloltd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell Kalogridis at (512) 282-6060
Name of Contact Person 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

**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: Kalo Management, Inc.

2. The principal office address: 2110-B Boca Raton Drive, Ste. 102, Austin, Texas 78747

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/20/97 Document number: P97000090789

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)

Mitchell D. Kalogridis

41040 Highway 27 North

Davenport, FL 33837

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

Wade Kalogridis

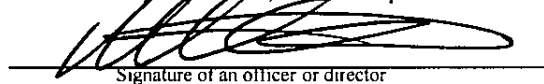
371 Greenfield Road

P.O. Box NOT acceptable

Winter Haven, FL 33884

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

Mitchell Kalogridis
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

9-22-10
Date

If signing on behalf of an entity:

WADE KALOGRIDIS
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 (8/05)

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TALLAHASSEE, FLORIDA