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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : 120100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
KALOS CAPITAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kalos Capital, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F06000004382

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:

Margot Mullin  
Name of Contact Person

Registered Agent Solutions, Inc.  
Firm/Company

1701 Directors Blvd., Suite 300  
Address

Austin, TX 78744  
City/State and Zip Code

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

For further information concerning this matter, please call:

Margot Mullin at ( 888 ) 705-7274  
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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kalos Capital, Inc.

2. The principal office address: 11525 Park Woods Circle ALPHARETTA, GA 30005

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/26/2006 Document number: F06000004382

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)

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Registered Agent Solutions, Inc.  
155 Office Plaza Dr. Suite A  
P.O. Box NOT acceptable  
Tallahassee FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FL

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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.

/s/ Carol J. Wildermuth  
Signature of an officer or director

Carol J. Wildermuth CFO  
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.*

Mackenzie Hart  
Signature of Registered Agent

12/31/2019  
Date

If signing on behalf of an entity:

Mackenzie Hart - Assistant Secretary  
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