

L22000

152 583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

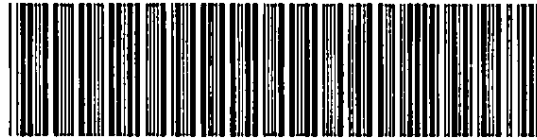
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TALLAHASSEE, FL 32310

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

AK Tech

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXEY KIRILLOV

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3930 BESSENT RD

\_\_\_\_\_  
Address

JACKSONVILLE, FLORIDA, 32218

\_\_\_\_\_  
City/State and Zip Code

spam-from-sunbiz@aktech.llc

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

For further information concerning this matter, please call:

ALEXEY KIRILLOV

561

2070200

\_\_\_\_\_  
at ( ) \_\_\_\_\_

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

AK Tech

1. Name of the limited liability company: \_\_\_\_\_  
 3928 BESSENT RD

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
 JACKSONVILLE  
 \_\_\_\_\_  
 FL 32218  
 \_\_\_\_\_  
 \_\_\_\_\_

03/29/2022 L22000152583

3. Date of filing/registration in Florida 4. Document number  
 KIRILLOV, ALEX

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
 324 OCEAN BREEZE ST

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
 APT 4  
 Lake Worth Beach 33460  
 \_\_\_\_\_, FL \_\_\_\_\_

KIRILLOV ALEXEY

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 SECRETARY OF STATE  
 TALLAHASSEE, FL 32311

(b) \_\_\_\_\_  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

3930 BESSENT RD, JACKSONVILLE, FL, 32218

NEW Registered Office Address:  
 3928 BESSENT RD.  
 \_\_\_\_\_  
 JACKSONVILLE 32218  
 \_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
 Signature of a member or authorized representative of a member

Alexey Kirillov  
 \_\_\_\_\_  
 Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
 Signature of Registered Agent