

L10 0000 95468

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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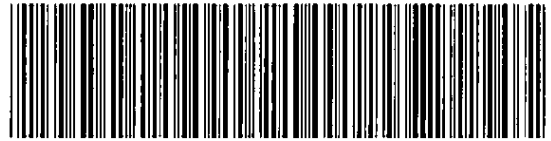
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

10

Kristine's Real Estate, LLC

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Kristine M. Johnson, P.A.

6099 Stirling Road, #217

Davie, Florida 33314

Kristine@KristineMJohnson.com

Check 5000

Kristine M. Johnson 954 448-0321  
at ( )

Area Code &amp; Daytime Telephone Number

**Street Address:**

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

**■ \$25 Filing Fee**

INHS18 (2/14)

**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.*

1. Name of the limited liability company: Kristine's Real Estate, LLC

2. (a) 10620 Griffin Road, #106 (b) 10620 Griffin Road, #106

Principal office address of limited liability company:

**(Note: MUST BE STREET ADDRESS)**

Cooper City, Florida 33328

Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

Cooper City, Florida 33328

09/13/2010

L10000095468

3. Date of filing/registration in Florida

4. Document number

5. (a) Kristine M. Johnson, P.A.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10620 Griffin Road, #106

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Cooper City, FL 33328

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

Kristine M. Johnson, P.A.

**NEW Registered Office Address:**

6099 Stirling Road, #217

Cooper City, FL 33328

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SECRETARY OF STATE  
TALLAHASSEE, 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]  
Signature of a member or authorized representative of a member

Kristine M. Johnson, Esq.

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]  
Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**