



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : 120160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

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

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

**LLC REGISTERED AGENT CHANGE  
FLORIDA ENTREPRENEUR, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

2019 NOV 25 PM 2:25

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**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: Florida Entrepreneur, LLC
2. (a) 17152 46th Trace  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Live Oak, FL 32080
- (b) 17152 46th Trace  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Live Oak, FL 32080
3. 06/14/2012  
Date of filing/registration in Florida
4. L12000079555  
Document number
5. (a) National Registered Agents, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 South Pine Island Road  
Plantation, FL 33324
- (b) Capitol Corporate Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
  
NEW Registered Office Address:  
515 East Park Avenue, 2nd Floor  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of offices 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.

STEPHAN, CEO for Klausner Consulting USA, Inc., MGRM  
Signature of member or authorized representative of a member Printed or typed name of signer

*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.*

William Case, asst sec  
Signature of Registered Agent

Division of Corporations • P.O. Box 6337 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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