

U14000146477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

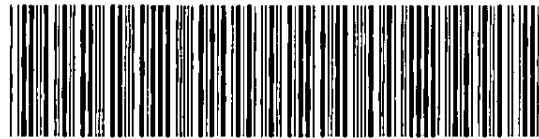
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Steven A. Kronick
Civil Litigation Attorney
Licensed in FL & GA



Kronick Law Firm
13506 Summerport Village Pky.
Suite 411
Windermere, FL 34786
Phone: (407) 614-1776
Fax: (407) 614-3965
steven@kronicklawfirm.com

August 12, 2024

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

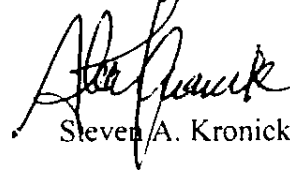
RE: Kronick Law Firm, LLC
Statement of Change of Registered Office or Registered Agent
Or Both For Limited Liability Company

Dear Sir or Madam,

Please see the enclosed "Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company," along with the requisite \$25.00 check, relative to the above-referenced LLC.

If anything additional is needed, please do not hesitate to contact me at your earliest convenience. Otherwise, thank you for your assistance with this matter.

Sincerely,



Steven A. Kronick

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRONICK LAW FIRM, LLC
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:

Steven Kronick

Name of Person

Kronick Law Firm

Firm/Company

13506 Summerport Village Parkway, Suite 411

Address

Windermere, FL 34786

City/State and Zip Code

steven@kronicklawfirm.com

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

For further information concerning this matter, please call:

Steven Kronick

at (407) 614-1776

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.

1. Name of the limited liability company: KRONICK LAW FIRM, LLC
2. (a) Kronick Law Firm, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
13506 Summerport Village Parkway, Suite 411
Windermere, FL 34786
- (b) Kronick Law Firm, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
16273 Point Rock Drive
Winter Garden, FL 34787
3. 09/18/2014 4. L14000146472
Date of filing/registration in Florida Document number
5. (a) Sharon M. Kronick
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Sharon M. Kronick
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
15433 Camp Dubois Crescent
Winter Garden, FL 34787
- (b) Sharon M. Kronick
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Sharon M. Kronick
NEW Registered Office Address:
16273 Point Rock Drive
Winter Garden, FL 34787

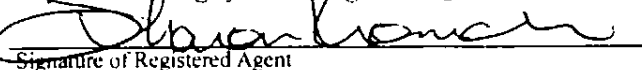
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Steven A. Kronick

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