

W18000043724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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FILED
2021 DEC 16 PM 8:49
SECRETARY OF STATE
TALLAHASSEE, FL 323



FLORIDA DEPARTMENT OF STATE 11/22/21 7:30
Division of Corporations

November 22, 2021

KONSTANTIN EGOROV
10558 CRAIG DRIVE
JACKSONVILLE, FL 32225 US

SUBJECT: KONSTANTIN'S PROFESSIONAL TEAM LLC
Ref. Number: L18000043724

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 821A00028272

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KONSTANTINUS PROFESSIONAL TEAM
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:

KONSTANTIN EGOROV
Name of Person

KONSTANTINUS PROFESSIONAL TEAM
Firm/Company

10558 CRAIG DR, JACKSONVILLE, FL
Address

JACKSONVILLE, FL, 32225
City/State and Zip Code

KONPROTEAM@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KONSTANTIN EGOROV at (917) 794-13-54
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: KONSTANTINS PROFESSIONAL TEAM
2. (a) 10558 CRAIG DR (b) 10558 CRAIG DR
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, 32225 JACKSONVILLE, FL, 32225
3. 02/19/2018 4. L 18000043724
Date of filing/registration in Florida Document number
5. (a) KONSTANTIN EGOROV
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
12301 KERNAN FOREST BLVD #2303
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
JACKSONVILLE FL 32225
- (b) KONSTANTIN EGOROV
Enter name of NEW Registered Agent and/or NEW Registered Office address:
10558 CRAIG DR
NEW Registered Office Address:
JACKSONVILLE FL 32225

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

KONSTANTIN EGOROV
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.

[Signature]
Signature of Registered Agent