

L18000165161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

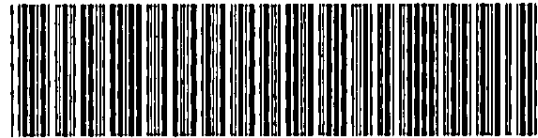
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100369290231

07/09/21--01014--003 **25.00

TALLAHASSEE, FL

2021 JUL -9 AM 11:21

FILED

JUL 21 2021
C. Kinse

COVER LETTER

TO: Registration Section
Division of Corporations

KM Hager Consulting, LLC

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:

Kristina Hager

Name of Person

KM Hager Consulting

Firm/Company

9907 Menander Wood Ct

Address

Odessa, FL 33556

City/State and Zip Code

khagerl.MHC@gmail.com

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

For further information concerning this matter, please call:

Kristina Hager

813

294-0745

Name of Person

at (_____) _____

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.

KM Hager Consulting

1. Name of the limited liability company: 9907 Menander Wood Ct., Odessa, FL 33556 9907 Menander Wood Ct, Odessa, FL 33556

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

7/9/2018

L18000165161

3. Date of filing/registration in Florida 4. Document number
United States Corporation Agents, Inc.

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. SEMORAN BLVD SUITE 36

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Orlando 32822
FL

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

Kristina Hager

NEW Registered Office Address:
9907 Menander Wood Court

Odessa 33556
FL

2021 JUL -9 AM 11:21

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.

Kristina Hager

Signature of a member or authorized representative of a member

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

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