

L19000071826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

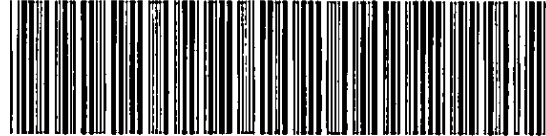
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 MAY 15 PM 5:07  
CLERK OF SUPERIOR COURT  
ALABAMA

O SIMMONS

MAY 20 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2019

KIRSTEN JOHNSON  
2437 BAY FIELD CT  
HOLIDAY, FL 34691

SUBJECT: KJ PROFESSIONAL SERVICES, LLC  
Ref. Number: L19000071826

We have received your document for KJ PROFESSIONAL SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 019A00008998

RECEIVED  
MAY 15 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KT Professional Services 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:

Kirsten Johnson  
Name of Person

KT Professional Services LLC  
Firm/Company

2437 Bay Field Ct.  
Address

Holiday, FL 34691  
City/State and Zip Code

KiKiJ100@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kirsten Johnson at ( 810 ) 614-5893  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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: KJ Professional Services LLC

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

2437 Bay Field Ct  
Holiday, FL 34691

2437 Bay Field Ct  
Holiday, FL 34691

3. March 2019 4. L19000071826  
Date of filing/registration in Florida Document number

5. (a) Fred Hochsztein  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3475 Sheridan St. Ste. 209  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Hollywood, FL 33021

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

2437 Bay Field Ct  
NEW Registered Office Address:

Holiday, FL 34691

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.

Kirsten Johnson  
Signature of a member or authorized representative of a member

Kirsten Johnson  
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.

Kirsten Johnson  
Signature of Registered Agent

FILED  
19 MAY 15 PM 5:07  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS