

L19 000132978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

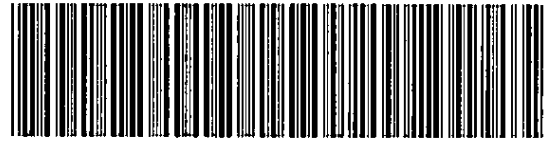
(Business Entity Name)

(Document Number)

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FLORIDA

2021 MAY 21 PM 12:10

FILING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRON TECHNOLOGY 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:

LOVETTE DOBSON

Name of Person

INCFE.COM LLC

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON at (888) 462-3453

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: KRON TECHNOLOGY LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
2028 SHEPHERD RD #305
MULBERRY, FL 33860

(b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
2028 SHEPHERD RD #305
MULBERRY, FL 33860

3. 05/16/2019 Date of filing/registration in Florida

4. L19000132878 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
KEIRON AUGUSTIN
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
950 NE 171ST ST APT 214
MIAMI, FL 33162

TALLAHASSEE, FLORIDA
 2021 MAY 24 PM 12: 10

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
KEIRON AUGUSTIN
NEW Registered Office Address:
2028 SHEPHERD RD #305
MULBERRY, FL 33860

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.

Ron Gaud
 Signature of a member or authorized representative of a member

RON GAUD
 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.

Keiron Augustin
 Signature of Registered Agent