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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Koulianos Law, P	PLLC		
Name of Limited Liability Company				
Dear Sir or Madan	n:			
The enclosed Regi	stered Agent/Registered	Office Chang	e and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning	g this matter t	o the following:	
George N. K	Coulianos			
	Name of Person		_ 	
Koulianos L	.aw, PLLC			
	Firm/Company			
536 E. Tarpo	n Ave., Suite 1B			
	Address			
Tarpon Sprin	ngs, FL 34689			
	City/State and Zip Cod	le		
george@kou	ılilaw.com			
E-mail addre	ss: (to be used for future	annual report	notification)	
For further informa	ation concerning this mat	ter, please cal	H:	
		at ()	
Na	ame of Person		Area Code & Daytime Telephone Number	
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed i	s a check for the follow	ing amount:		
¾ \$25 Fili	ng Fee	S55 Filing Fee & Certified Copy		
INHS18 (2/14)				

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. N	ame of the limited liability company: Koulianos Lau	. PILC
	536 E. Tarpon Ave, Ste 18 (b) 11	11
2. (u)		Mailing address of timited liability company: 6Note: MAY BE POST OFFICE BOX)
	Tarpon Springs, FL 34689 "	1.1
	7/3/19 419	000173596
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	2021
		2020 FEB
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	HAS OF B
	inguited white radies a probably to the radies of the radi	
	Tax 004 50 1 5 51 341 80	TERROR E
	Tarpon Springs FL 34689	T: 27
(b)		•
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	586 E. Tarpon Ave., Ste 1B NEW Registered Office Address:	
	Tarpon Springs FL 34689	
If the I	imited liability company is not organized under the laws of the State of Flo	rida, it is hereby confirmed that after the
agent v	or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is	hereby confirmed that the change(s)
was/was/wasthe arti	ere authorized by an affirmative vote of the members of the limited liability topics of organization or the operating agreement of the limited liability com	company or as otherwise provided in pany.
Signa	ture of a member of a member — Georg	Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agree to act in this capa- ions of all statutes relative to the proper and complete performance of my d ligations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address, I hereby confirm that the d in writing of this change.	uties, and Lam familiar with and accept-
Signatu	re of Registered Agent	

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