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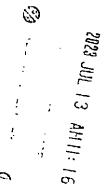
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1.

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.

ł.	Na	une of the limited liability company: F.K. INSTRUM	ENT C	D.,	LLC				
2	(a)			(h)					
	(4.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		ility com			
		2151 Central Avenue			2151 C	entral Avenue			
		. Petersburg, FL 33713 St. P				etersburg, FL 33713			
		08/19/2019		l	_190002	11566			
3.		Date of filing/registration in Florida	4.	-		Document number			
5.	(a)								
J. 1	(4)	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	the Flor	ida	Dept. of St	tate:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					-		
		1200 SOUTH PINE ROAD					207	\ 27.4 (10.14)	
		PLANTATION FI	33324	1			29 JUL	37 7.77	
								HARE CARE	
	(b) Enter name of NEW Registered Agent and/or NEW Registered O				PALL!		P 3	OP OF O	
	internance of 141, w registered Agent and of 141, w registered of			auu	<u>1635</u> .		œ.	양. 18	
		Corporation Service Company					Ω.	AIE E	
		NEW Registered Office Address:					7	Ŧ.	
		1201 Hays Street							
		Tallahassee , FI	32301	l					
cha ago wa	ange ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of organization or the operating agreement of the	registe ability of the li limited	erec con imit d lia	l office a ipany, it led liabil ability co	and the business office of the is hereby confirmed that the lity company or as otherwise ompany.	e regist le chan	tered ge(s)	
	iana	ure of a member or authorized representative of a member	Ji	II C	ilmi, Autl	horized Person			
1 h pro the to t	nerel ovision obli obli obli obli obli ified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I fin writing of this change.	ree to a perfori d for in hereby	ct i mar cor	n this ca ice of my iapter 60 ifirm tha	Printed or typed name of sign pacity. I further agree to c y duties, and I am familiar 95, F.S. Or, if this document the limited liability compa	omply v	with the d accept ing filed been	
Sin	\mathcal{X}	Inaca Cokubi re of Registered Agent							
		E. Kirby, Asst. Vice President							
		Division of Corporations • P.O.	Box 63	27∙	Tallah	assee, FL 32314			

FILING FEE: \$25.00