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S. PRATHER

Hello,

I am a public figure on social media and didn't realize that my home address was public with the LLC. Can you please ensure that all the addresses are changed to John Young so that my actual home address is not public?

Thank you, Krystal Sharp Krys the Maximizer, LLC

COVER LETTER

Division of Corporations	
Krys the Maximizer, LLC	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Krystal Sharp	
Name of Person	
Krys the Maximizer LLC	
Firm/Company	
202 Ashford Pl	
Address	
Kissimmee, Fl 34758	
City/State and Zip Code	
hello@krysthemaximizer.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	ıll:
Krystal Sharp 40°	7 922-0262
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

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. Na	ame of the limited liability company: Krys the Maxim	nizer				
2. (a)		1	(b)			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	liability comp	рапу:
	3275 S John Young Parkway STE 729		3275 S Jol	hn Young Parkway STE	729	
	Kissimmee, FL 34746		Kissimme	e, FL34746		
	8/20/2019		L19000212	165		
3.	Date of filing/registration in Florida	— 4.		Document number		-
	5 5					
5. (a)	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of Stat	- te:		
	Krystal Sharp		•			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE:	<u>SS)</u>	_	元.	25
	202 Ashford Pl				<u> </u>)22
	Kissimmee , I	34758 FL	·	_	VPASSEE FLORID	O I NOF 8808
	,			_	<u> </u>	0 :
(b)				_		P. F
	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddress:		.08.1 82.1	က်
	Krystal Sharp				יו	55
	NEW Registered Office Address:			_		
	3275 S John Young Parkway STE 729			_		
	Kissimmee	FI 34746				
change agent was/w the art Signal I here provis the obto mer	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized representative of a member of the accept the appointment as registered agent and a lions of all statutes relative to the proper and completing ligations of my position as registered agent as provided in writing of his change. The accept the appointment as registered agent and a lions of my position as registered agent as provided in writing of his change.	he registe liability of s of the li ne limited Kr	red office an company, it i mited liabilid l liability cor ystal Sharp	nd the business office considerated the state of the ty company or as other and the type of the type of the type of the type of type of the type of type of type of the type of type of the type of type of the type of type of type of the type of type of type of the type of type o	of the regis at the chan rwise provi	tered ge(s) ded in