

49000278159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

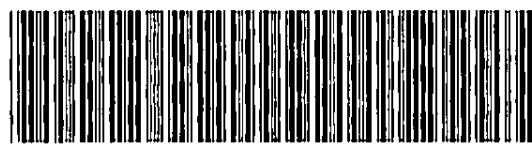
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900370587099

08/03/21--01019--023 \*\*175.00

FILED  
2021 AUG -3 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

MS/TPB/

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kristi Prisciandaro, 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:

Gideon I. Alper, Esq.

Name of Person

Alper Law, PLLC

Firm/Company

255 Primera Blvd., Suite 160

Address

Lake Mary, FL 32746

City/State and Zip Code

n/a

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

For further information concerning this matter, please call:

Jackie Royal	407	444-0404
Name of Person	at (	)
		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

2021 AUG -3 PM 3:38  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

# 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: Kristi Prisciandaro, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**

13330 W Colonial Dr., Unit 110

Same

Winter Garden, FL 34787

Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

11/7/19

L19000278159

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

5. (a) Alper Law, PLLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

2572 West SR 426, Suite 1024

Oviedo, FL 32765

(b) Alper Trustees, LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

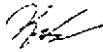
NEW Registered Office Address:

255 Primera Blvd., Suite 160

Lake Mary, FL 32746

2021 AUG -3 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FL  
**FILED**

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.

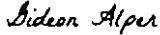


Kristi Prisciandaro

Signature of a member or authorized representative of a member

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.



Signature of Registered Agent

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