

L19 000289924

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(Address)

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(Business Entity Name)

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COVER LETTER

gistration Section
vision of Corporations

Kristi Hujik LLC
f: _____

Name of Limited Liability Company

r Madam:

sed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

urn all correspondence concerning this matter to the following:

ik

Name of Person

ik LLC

Firm/Company

shaw Dr.

Address

arden, FL 34787

City/State and Zip Code

/hole30coachkristi.com

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

her information concerning this matter, please call:

ujik

407

595-6933

at (_____) _____

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 AGENT OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Under the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
is making the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

of the limited liability company: Kristi Hujik LLC

1059 Kershaw Dr.

(b) 1059 Kershaw Dr.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Winter Garden, FL 34787

Winter Garden, FL 34787

1/22/2019

L19000289924

Date of filing/registration in Florida

4.

Document number

United States Corporation Agents, Inc

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

5575 S. Semoran Blvd.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32822

Kristi Hujik

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

1059 Kershaw Dr.

NEW Registered Office Address:

Winter Garden, FL 34787

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
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)
are 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 Hujik
Signature of a member or authorized representative of a member

Kristi Hujik

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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been
in writing of this change.

Kristi Hujik
Signature of Registered Agent

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