

L20000351439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

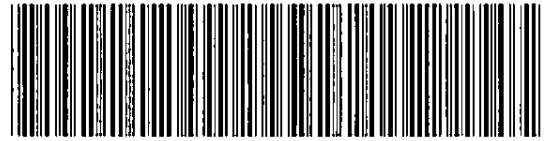
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 NOV 25 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2024

KELLY KRESEN
7280 NE 8TH AVE
MIAMI, FL 33138

SUBJECT: BORN TO RUN MGMT LLC
Ref. Number: L20000351439

We have received your document for BORN TO RUN MGMT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

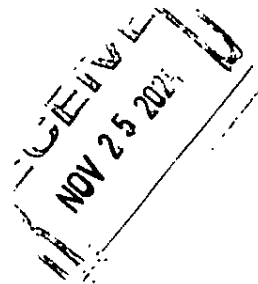
The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 924A00024380



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BORN TO RUN MGMT 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:

KELLY KRESSEN

Name of Person

Firm/Company

7280 NE 8TH AVE

Address

MIAMI FL 33138

City/State and Zip Code

KELLY.KRESSEN @ GMAIL.COM

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

For further information concerning this matter, please call:

KELLY KRESSEN

Name of Person

at (310) 467-4926

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

IN11S18 (2/14)

X SEE LETTER FROM YOU ACKNOWLEDGING RECEIPT OF
MY CHECK IN PREVIOUS FILING

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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: BORN TO RUN MGMT LLC

2. (a) 7280 NR 8TH AVE (b) see (a)
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

MIAMI, FL 33138

3. 11/5/2020 4. L20000351439
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 RIVERSIDE AVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

JACKSONVILLE, FL 32202

(b) Kelly Kresen
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7280 NR 8TH AVE
NEW Registered Office Address:

MIAMI, FL 33138

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.

Kelly Kresen
Signature of a member or authorized representative of a member

Kelly Kresen
Printed or typed name of signer

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.

Kelly Kresen
Signature of Registered Agent

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

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TALLAHASSEE, FL