

L20000378230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

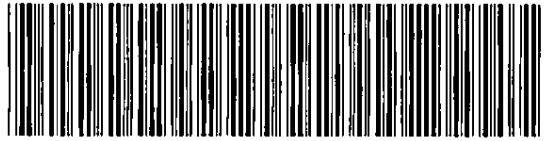
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Law Office of Christine Behrman de Colindres, PLLC

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:

Christine Behrman de Colindres, Esq.

Name of Person

Law Office of Christine Behrman de Colindres

Firm/Company

13429 Lisa Drive

Address

Hudson, Florida 34667

City/State and Zip Code

christine.behrman@gmail.com

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

For further information concerning this matter, please call:

Christine Behrman de Colinders 407 433-0331

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

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: Law Office of Christine Behrman de Colindres

2. (a) Law Office of Christine Behrman de Colindres, PLLC (b) Law Office of Christine Behrman de Colindres, PLLC
 Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**) Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)
13429 Lisa Dr 13429 Lisa Dr
Hudson Fl 34667 Hudson Fl 34667
12/3/20 L20000378230

3. Christine Behrman de Colindres, Esq Date of filing/registration in Florida 4. L20000378230 Document number

5. (a) Christine Behrman de Colindres, Esq
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Christine Behrman de Colindres, Esq
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13610 Big Bend Dr #6819
Hudson, FL 34667

(b) Christine Behrman de Colindres, Esq.
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Christine Behrman de Colindres, Esq.
NEW Registered Office Address:
13429 Lisa Dr
Hudson, FL 34667

23 OCT 27 AM 3:27

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.

[Signature]
 Signature of a member or authorized representative of a member

Christine Behrman de Colindres
 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.

[Signature]
 Signature of Registered Agent