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(Requ	uestor's Name)					
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(Document Number)						
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2024 SEP 19 AH 10: SECRETARY OF ST TALL ZILVSSEF

COVER LETTER

Division of Corporations KROMAT REALTY LLC				
SUBJECT: Na	ame of Limited L	iability Company		_
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Or	ffice Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning t	his matter to the	following:		
Adam Saulters				
Name of Person				
ZenBusiness Inc.				
Firm/Company				
336 E. College Ave. Suite 301			38	2021
Address			ALLI	2024 SEP 19
Tallahassee, FL 32301			17.	
City/State and Zip Code				AH 10: 39
ra@zenbusiness.com				ب د
E-mail address: (to be used for future an	inual report notif	ication)	: 1	ഥ
For further information concerning this matte	r, please call:			
Adam Saulters	8 44 at (493-6249		
Name of Person	(Area Code & Daytime Telepho	one Numb	er er
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, Sui Tallahassee, FL 32303	te 810	
Enclosed is a check for the followin	g 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. N	lame of the limited liability company: KROMAT REA	ETY L	L.C					
2. (a)	150 SE 2ND AVE 701		(b	217 N W	estmonte Dr.		•	
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0		Mailing address			
	MIAMI, FL 33131			Ste 2018				
				Altamonto	e Springs, FL	32714		
	02/10/2022			L22000069	973 9			
3.	Date of filing/registration in Florida		-		Document n	umber		
5. (a	DANNEL, JOHN E.							
(L	Registered Agent and Registered Office shown on the records of 217 N Westmonte Dr.	f the Flo	rida	Dept, of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)					
	Stc 2018	•				<u>0</u>	207	
	Altamonte Springs, F	L <u>3271</u> -	4		_	CRET ALL	2074 SEP 19	. 4 = . 4 u
(b)	ZenBusiness Inc.					VILLAHASSE		•
(-,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				<i>S</i>			
	336 E. College Ave. Suite 301						AH 10: 39	•
	NEW Registered Office Address:			-	1.,			
	Tallahassee	3230	<u> </u>		-			
	, F	l			_			
chang agent was/v	limited liability company is not organized under the la ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e regist iability of the c limite	tere cor limi d li	Joffice ar npany, it i ted liabilit ability cor	nd the busines is hereby cont ty company o mpany.	ss office of firmed that	f the re it the c	egistered hange(s)
Sim	/s/ Ingrid Giovanna Cruz Nieto ature of a member or authorized representative of a member	_	ngn	a Giovanna	Cruz. Nieto Printed or typ	ad nama of	oinna.	
I here provis the of to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to o e perfor ed for i hereby	act i rma n Ci r coi	n this cap nce of my hapter 602 ifirm that	oacity. I furth	er avree t	o com	ply with the h and accept s being filed has been