

L22000144002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

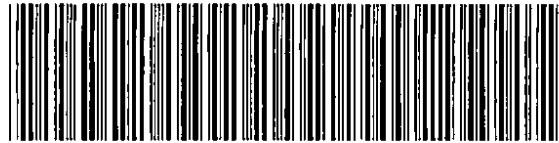
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900398331589

RECEIVED

2022 NOV 30 AM 8:31

STATE OF MISSISSIPPI

2022 NOV 30 PM 3:56

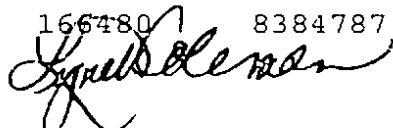
APPROVED

DEC - 2 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 166480 8384787

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : November 30, 2022

ORDER TIME : 2:03 PM

ORDER NO. : 166480-005

CUSTOMER NO: 8384787

CHANGE OF AGENT

NAME: KLATSO HANDYCRAFT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLATSO HANDYCRAFT 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:

EDUARDO FERNANDEZ

Name of Person

FL INTERNATIONAL TAX ADVISORS, INC.

Firm/Company

2875 NE 191ST ST. STE 500 OFFICE 523

Address

AVENTURA, FL 33180

City/State and Zip Code

INCORPORATIONS@FLINVEST.CO

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

For further information concerning this matter, please call:

EDUARDO FERNANDEZ

786 747-8723
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 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: <u>KLATSO HANDYCRAFT LLC</u>	
2. (a) <u>848 Brickell Ave, Suite 203</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	(b) <u>848 Brickell Ave, Suite 203</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
<u>Miami, FL 33131</u>	<u>Miami, FL 33131</u>
<u>01/13/2022</u>	<u>L22000144002</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>BP TAX ADVISORY LLC</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>848 Brickell Ave, Suite 203</u> Registered Office Address (Note: <u>MUST BE FLORIDA STREET ADDRESS</u>) <u>Miami</u> , FL <u>33131</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee</u> , FL <u>32301</u>	

FILED
2022 NOV 30 AM 8:31
CLERK OF COURT
TALLAHASSEE

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.

Sofia Ravachi Victoria

Signature of a member or authorized representative of a member

Sofia Ravachi Victoria

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.

Eyleina Bahor
Assistant Vice President

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00