Florida Department of Co

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE **HESTIA SYSTEMS LLC**

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Estimated Charge	\$25.00

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Help

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	ame of the limited liability company: Hestia Systems LL	.c		·····
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited lia (Nate: MAY BE POST O	ability company;
2	02/02/2023	<u> </u>	000061236	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	KWON, YONGHOON Registered Agent and Registered Office shown on the records of the state of the	of State:		
	the grant of the grant of the control of the contro	on or brance.		
	Registered Office Address (MUST BE FLORIDA STREET A			
	9238 FOX SPARROW ROAD			
	TAMPA , FL	33626		
	Northwest Registered Agent LLC			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	S:		
	7901 4th St N	<u> </u>	-	; i 2023 Jun 1:5
	NEW Registered Office Address:			
	STE 300		5 /2	
	St. Petersburg , FL	33702		2: 44
the chagent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registere bility compa f the limited	ed office and the business offic any, it is hereby confirmed that I liability company or as otherw	e of the registered the change(s)
<u> </u>	-at Smith	Nat Smith		
I here provis the ob to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	performance I for in Chap ereby confir	Printed or typed name of si this capacity. I further agree to e of my duties, and I am familio pter 605, F.S. Or, if this docun rm that the limited liability con	o comply with the
Signan	Taylor Newman - Assistant Se	cretary		