

L 23000265726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

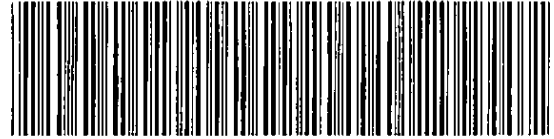
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600412001596

07/12/23--01012--014 **35.00

FILED
2023 JUL 12 AM 10:50
CLERK OF STATE
TALLAHASSEE, FL

JUL 23 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kaster Law Firm, LLC
Name of Corporation

DOCUMENT NUMBER: L23000265726

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melanie Magamoll

Name of Contact Person

Kaster Law Firm, LLC

Firm/Company

125 NE 1st Ave. Suite 3

Address

Ocala, FL 34470

City/State and Zip Code

melanie@tirefailures.com

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

For further information concerning this matter, please call:

Melanie Magamoll

Name of Contact Person

at (352) 843-0183

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kaster Law Firm, LLC
2. The principal office address: 125 NE 1st Ave., Suite 3 Ocala, FL 34470
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 1, 2023 Document number: L23000265726
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

INC Authority RA

390 North Orange Ave., Ste 2300-N

Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kaster Law Firm, LLC

125 NE 1st Ave., Suite 3

P.O. Box NOT acceptable

Ocala, FL 34470

2023 JUL 12 AM 10:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

✓ B R Kaster
Signature of an officer or director

Bruce R Kaster Owner
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

✓ B R Kaster
Signature of Registered Agent

6/27/2023

Date

If signing on behalf of an entity:

Bruce R Kaster
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)