L23000 406914

(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



900431136139

08/12/24--01024--014 **25.00

THE ED

COVER LETTER $\ _{\ast}$

TO:	Registration Section			15-		
	Division of Corporations	٠				
SHRII	KRYGO NP LL	С				
лора.	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Office	: Chan	ge and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter	to the t	ollowing:		
	YANISLEIDI GONZALEZ GONZALEZ					
	Name of Person					
	KRYGO NP LLC					
	Firm/Company			_		
	11656 NW 89 CT					
	Address	····	•	_		
	HIALEAH GARDENS, FL 33018					
	City/State and Zip Code			_		
	krygonpinfo@yahoo.com			<u> </u>		
ŀ	E-mail address: (to be used for future annua	l repo	rt notifi	cation)		
For fu	rther information concerning this matter, pl	ease c	all:			
YANI	SLEIDI GONZALEZ GONZALEZ	at (305	923 - 2899		
	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 ar	nount	:			
	■ \$25 Filing Fee		□ \$5	5 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.

l. N	ame of the limited liability company: KRYGO N	IP LLC					
2. (a)	11656 NW 89 CT - Hialeah Gardens, FL 33018	(b)	11656 NW 89 CT Hialeah Gardens, FL 33018				
- . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(")	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)				
	08/30/2023		1.23000406914				
3.	Date of filing/registration in Florida	— 4. –	Document number				
5. (a)	NORTHWEST REGISTERED AGENT LLC						
()	Registered Agent and Registered Office shown on the records 7901 4TH ST N STE 300	of the Florida I	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	ST. PETERSBURG	FL_33702	2024 . TALL				
(b)	YANISLEIDI GONZALEZ GONZALEZ		TALLAHASSEI				
` .	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	deaces and we.				
	11656 NW 89 CT		PH 4: 36				
	NEW Registered Office Address:	·					
	HIALEAH GARDENS	3301)1 K				
change agent was/w the art	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the tree of the members at the organization of the operating agreement of the operating agreement of the operation of the oper	he registered liability con s of the limit ne limited lia	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in				
I here provis the ob to mer notifie	by accept the appointment as registered agent and a tions of all statutes relative to the proper and complete the proper and complete the proper and complete the proper and complete the proper as provided in the registered office address, a in writing of this change.	gree to act i le performan led for in Cl I hereby con	in this canacity. I further agree to comply with the				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00