## 033000429464

(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.							
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations								
	KLARTEXT LLC								
SUBJ	ECT:								
	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered	Office Change and f	fee(s) are submitted for filing.						
Please	return all correspondence concernin	ig this matter to the fe	ollowing:						
KAI LI	KRYSTLE WONG								
	Name of Person		_						
KLAR	TEXT LLC								
	Firm/Company		_						
900 BI	SCAYNE BLVD. UNIT 3501								
	Address	·	_						
MIAM	I. FL 33132								
	City/State and Zip Co	de	_						
WONG	.KRYSTLE@GMAIL.COM								
	-mail address: (to be used for future	annual report notific	cation)						
For fur	ther information concerning this ma	tter, please call:							
KRYST	TLE WONG	786	862-0883						
	Name of Person	at (							
	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 follow	ving amount:							
	■ \$25 Filing Fee	<b>□</b> \$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.

Nle	Kame of the limited liability company:	KLARTEXT LLC					
	900 BISCAYNE BLVD, UNIT 3501			900 BISCAYNE BLVD, UNIT 3501 (b)			
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  MIAMI, FL 33132			MIAMI, FI	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	14 SEPTEMBER 2023		-	 L230004294	.64	<del></del>	
(a)	Date of filing/registration in EZENBUSINESS INC.	Florida	4.		Document number	er	
()	Registered Agent and Registered Office shows 336 E. COLLEGE AVE. SUITE 301	on the records of th	e Flori	da Dept. of Stat	<del>-</del> e:	`. .·	
	Registered Office Address (MUST BE FL	ORIDA STREET AL	DDRE:	<u>(SS)</u>	_		
	TALLAHASSEE		2301		_	· ·	
(b)	KAI LI KRYSTLE WONG  Enter name of NEW Registered Agent and/or	· NFW Registered (	)ffice s	address.	_	ر -	
	900 BISCAYNE BLVD. UNIT 3501	The Management of the Control of the	7111111				
	NEW Registered Office Address:		_		_		
	MIAMI	3 , FL	3132		<del>-</del> -		
ange ent v is/we	imited liability company is not organize or changes are made, the Florida stree will be identical. Or, in the case of a Flere authorized by an affirmative vote of icles of organization or the operating ag	t address of the roorida limited liab f the members of	egiste oility of the li mited	red office and company, it is mited liability	d the business offi s hereby confirme y company or as c apany.	ice of the registered d that the change(s)	
Signa	ture of member or authorized representative o	f a member			Printed or typed nam	ne of signee	
ovisi e obl mer	by accept the appointment as registered ions of all statutes relative to the prope ligations of my position as registered as elv reflect a change in the registered of d in writing of this change.	r and complete p	erforn	nance of my c	duties, and I am fa	imiliar with and accei	
ignatu	ire of Registered Agent	<del></del>					